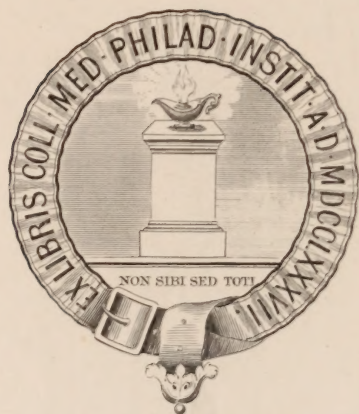




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THE
Cincinnati Lancet & Observer.

EDITED BY

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THE
CINCINNATI LANCET AND OBSERVER.

CONDUCTED BY

E. B. STEVENS, M.D., AND JOHN A. MURPHY, M.D.

Vol. II.

JANUARY, 1859.

No. 1.

Original Communications.

ARTICLE I.—*Observations on Passive Uterine Hemorrhage.* By
W. T. S. CORNETT, M.D., of Versailles, Indiana.

At page 213, vol. i., of the *Lancet and Observer*, may be found an interesting article on Uterine Hemorrhage, by Dr. Gibbs, of Frewsburch, New York. When other means have failed to arrest the hemorrhage, he advises tincture of iodine to be injected into the uterus. This advice is predicated upon the success of the remedy in his own hands, and also in the practice of others. The article referred to closes with an invitation to such as may use the remedy to publish the result in the *Lancet*. I have never, as yet, found it necessary. I have now been engaged in regular practice for more than thirty years (chiefly in the country), and have never known a case of uterine hemorrhage, unconnected with the parturient condition, prove fatal. Some others, whose opportunities for observation have surpassed my own, have a like experience. I have seen many alarming and troublesome cases; but they have all yielded, sooner or later, to other treatment than uterine injections.

I write this paper chiefly for the purpose of calling the attention of the profession to gum guaiacum, when combined with alum, as a remedy of value in passive menorrhagia. I will here remark,

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that I do not admit that there is, in strict propriety of language, such a thing as passive hemorrhage, but use the term as I suppose it to be understood by most practitioners, as meaning merely hemorrhage with debility, such as to call for the use of means calculated in their nature to add to and sustain the vital and nerve forces. I have used, and do use, more or less, the various remedies pointed out by the books; but my favorite prescription, for more than twenty years, in the malady referred to, has been a combination of gum guaiacum and alum, in their appropriate doses. I use them in substance, well pulverized, and mixed in sugar. I do not wish to place myself upon the record as the special pleader for this remedy, by setting up for it claims of questionable propriety; but entertain my faith in humility, ever mindful of the fact that a cure is one thing, and a recovery a different thing, and that we are constantly liable to mistake the one for the other. Yet it seems to me that I have accomplished more cures in inveterate cases with this, than with all other remedies. This prescription may be used freely and continuously, if necessary, without subjecting us to that fear of bad consequences which justly pertains to such use of the sugar of lead. Gum guaiacum is a peculiarly pungent and stimulating diaphoretic, and I am not the first to imagine that it has a specific determination to the uterus. Dewees was of this opinion; and Dr. Fenner, of New Orleans, and others referred to by him, have found a compound, of which gum guaiacum is an ingredient, the most reliable emmenagogues. (See *Lancet and Observer*, vol. i., p. 638.)

Gum guaiacum and alum would seem theoretically, as well as from observation, to be appropriate in passive uterine hemorrhage: the one a persistent stimulant, well calculated to equalize the circulation; the other a universal astringent, acting on all parts of the body, and not being impaired while in the blood, as is the case with some other remedies of its class.

The continuous action of the stimulant, during the entire period of prostration, is essential to the successful action of the astringent, and without it the latter would fail to be appreciated by the system. There is, I think, a grade of action with reference to *normal*, essential to exist in order to the successful action of many of our therapeutic agents, which has not been sufficiently studied. Dr. Rush taught that there was in inflammatory disease

a blistering point ; and if this remedy was used when the range of action was too high, it would only add to the general excitement, and fail to accomplish the local derivation for which it was used. Most practitioners who have been long in business have seen cases where purgative medicines would not act until the hypersthenic condition of the system was taken off by the use of the lancet. Many good observers have stated that blue mass combined with quinine, in fever, is more likely to salivate than when given alone. So in passive hemorrhage it is essential to the successful action of astringents that they be combined or associated with appropriate stimulants.

In conclusion, I would say to the junior members of the profession, who reside in country localities, be not in haste to use injections into the uterus in passive hemorrhage, as you may, I think, very generally succeed without resorting to them. This is also the opinion of Ashwell, who remarks in reference to uterine injections, that, "without knowing that the mucus lining was healthy, the fear of subsequent inflammation would with me generally prevent their employment."

My experience in extreme cases is decidedly in favor of the *tampon*, notwithstanding the condemnation which has been pronounced against it by many. When the vagina is skilfully packed, *from os uteri to os externum*, with dry and soft tow, and this well sustained by pad and bandage, it is almost sure to save the life of the patient for the time being, and give space for the appropriate action of medicine.

I may in a future number have some remarks in reference to congestive menorrhagia.

ART. II.—*A Case of Puerperal Mania.* By HORACE PALMER, M.D., Sardis, Kentucky.

Messrs. Editors:—The following case of puerperal mania recently occurred in my practice, which I transmit for your pages, if deemed of sufficient interest :

Mrs. B., a delicate lady, aged 20 years, was delivered of twins on the 17th of September, by a midwife, in her third confinement, and seemed to be doing well, though her rest was disturbed for a

day or so by slight after-pains. Her repose also was suffered to be interrupted by the ill-timed calls of friends and acquaintances during the day, and by the fretfulness of the babes at night. In the course of four or five days of almost perfect insomnia, her nervous system became so excited that she could not sleep. She became restless, peevish, loquacious and irascible, which was unfortunately attributed to natural captiousness. This was done through good but mistaken ideas, as the sequel proved.

At this juncture, I was called in on account of some trivial ailment of one of the little ones, and found the mother complaining of having slept none, and of an utter inability to do so, on account of the "racket," as she termed it. Already had some "fancied inattention" or unkindness fixed itself in her mind. This was the pivot on which turned her every thought, and she became greatly exasperated when those concerned asserted their innocence. Her skin was warm and dry, her tongue coated, mouth sore, and pulse accelerated. Her eyes seemed to be searching for the long-lost companion of her wearied nature—sleep.

I spoke feelingly to her, and tried to console her. I urged the propriety of calmness and silence in her room till she slept well, and forbid the intrusion of visitors until she did so; but false notions in regard to etiquette rendered this injunction, as well as some others, nugatory. I administered a grain of opium, half a grain ipecac, and four grains blue mass, to be followed in due time by senna tea.

On the next day, I learned she was better, but did not see her. But on the day following the thread of her reason was acknowledged to be broken. She arose from bed, pronounced herself well, and proceeded to arrange her house, which she said had been shamefully neglected during her sickness. She wearied herself emptying her drawers, chests, band-boxes, etc., and scattered their contents promiscuously over the floor. Thus she and two or three more were employed day and night, doing and undoing, as her caprice dictated. Her friends let her have her own way so long as it was harmless, if she could not be persuaded to desist. She could by no means be prevailed upon to sit down, until she sank from weariness. While thus engaged in her peripatetic exercises, she was constantly complaining of some fancied unkindness, and bitterly repining over some great but imaginary trouble.

As she told me her sorrows, with sobs and tears, my soul grew warm with sympathy—not because I thought she had any real cause of complaint, but because she so confidently believed it, that her fancied grief could not have been more intolerable, had it been real. I felt that it was my duty now to attempt—

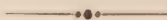
— “to minister to a mind diseased ;
Pluck from the memory a rooted sorrow,
And, with some sweet, oblivious antidote,
Cleanse the stuffed bosom of that perilous stuff
Which weighed upon her heart,”—

if possible. I acted the part of a sympathizing friend, and strove to conciliate her. And here let me premise, that the great kindness manifested by her friends toward her hastened her ultimate recovery.

I will briefly sum up what I consider the chief part of her medical treatment, without giving a detail of her symptoms, or of the adjuvants administered. Her bowels having been sufficiently moved by the senna, the main indication was to restore sleep. For this purpose, after renewing my previous instructions in regard to noise and visitors, I gave her about a grain of the sulphate of morphia, with instructions to follow with the same in one-third grain doses every hour or two, till she slept. This was tried for four nights in succession, without inducing more than three hours' sleep after each trial, and with no amelioration of her symptoms. I then discontinued the morphia, and administered extract of hyosciamus in three-grain doses every three hours, till she slept. After taking three doses, she slept about six hours, and awoke refreshed and more tranquil. On taking another pill, she slept about two hours more. On the following night, the same was administered, and she slept again about six hours. When she awoke, she was much more rational than the day before. She went to work to arrange her chests and boxes, which she accused others of opening and misplacing. This time she put every thing in its right place. When her task was completed, which was expedited by her friends, she sat down voluntarily, saying she could have some peace now. She continued nightly to take the pills, and, in the course of about a fortnight, regained her reason.

She inherits no predisposition to insanity. I attribute her

aberration to too great mental excitation from the loss of sleep and the puerperal state. Sleep is all-important; and to procure it one cannot be too careful in excluding noise and company. The moving of a chair, the closing of a door, the falling of a shovel, the striking and even ticking of a clock, may serve to startle the nervous, sleepless, parturient patient, and banish sleep for hours. Such patients too narrowly watch and scrutinize the conduct of their friends, and take umbrage at the least things imaginable; and when they once begin to talk unreasonably, they are too sure to become insane. After enduring the throes of parturition, they naturally expect the sympathy and fondness of all who approach them, and we should, to such patients, accord the warm effusions of hearts of kindness; and by so doing we will seldom fail, by the aid of proper medication, to restore their reason, and reconcile them to their friends.



ART. III.—*Tinctura Antacrida*. By JOHN T. PLUMMER, M.D.,
Richmond, Indiana.

The formula for this tincture given in a former number of the *Lancet and Observer* must furnish an unstable preparation. But few organic substances can be added to a solution of corrosive sublimate, without resulting, sooner or later, in decomposition and precipitation. It is very important that this well-known chemical truth should be remembered in connexion with the use of this tincture. It will be found that, however valuable the preparation may be, it will gradually alter its properties, so as ultimately to consist of little else than a limpid solution of the poisonous constituent, all the organic portions having gone to the bottom of the vessel. From the time of the preparation of the tincture to this ultimate condition of it, there must, of course, be every grade of alteration in its composition. Thus, without having due regard to this fact, the tincture may become a dangerous preparation. It is, at all events, a very uncertain one in respect to the uniformity of its composition, after the first few days: and this may have been at least one cause of its desuetude. If the decomposition alluded to goes on as I anticipate, the apothecary will find his tincture becoming more and more acid, from the formation of

hydrochloric acid, and a deposit gradually increasing at the bottom of the vessel, till all the organic matter disappears from the solution, and the supernatant liquor becomes nearly as clear as water. Frequent agitation of the bottle may delay this *appearance*, but will facilitate and expedite the final decomposition.

ART. IV.—*Cases in Ophthalmology.* By E. WILLIAMS, M.D., Cincinnati.

Cataract. CASE 1.—A man, 70 years of age, a relative of the immortal Washington, and bearing the same glorious name, consulted me last spring in regard to his eyes, in each of which was a distinct cataract. In the right eye the lens was so opaque that he could not distinguish any object, even with the pupil fully dilated by atropia. He had, however, a very good sensation of light; the iris was normal in all its appearances, and the pupil active under varying degrees of light. In short, I saw no reason to doubt the integrity of the retina, optic nerve, or brain. The central portion of the lens was of a light amber color, while the cortical and peripheric parts presented a bluish-white appearance—facts which indicate a central, hard nucleus, inclosed in a softer cortical substance.

The left lens was still somewhat transparent in its periphery, and the layers immediately beneath the capsule were clear, as was seen in a side view, by the width and depth of the shadow thrown upon the organ by the iris. The patient could recognize large objects with this eye, when they were placed near him, in a favorable position, and highly illuminated; but his sight was so limited that he could not venture out of the house alone, and he desired an operation.

The advanced age of the patient, the flabbiness of his skin, in consequence of a loss of its elasticity, but especially the deep-seated state of his eyes, were so many contra-indications to extraction. I feared there might not be vitality enough in the cornea to insure favorable union of the flap; and, besides, when the globe sits deep in the orbit, the difficulties of extraction are greatly augmented. I therefore resolved to depress, and to operate only upon the right eye, leaving the other till the lens shall have become entirely saturated, and until those physical changes have

occurred in the granular layer that serves as a bond of union between the crystalline body and its capsule, which diminish the adhesion between the two structures, and thus facilitate the separation of the cataract, in an entire mass, from the capsule, whatever operation may be performed.

After having purged the patient with citrate of magnesia, so that he might not be disturbed for some days, and thoroughly dilated the pupil, I proceeded to the operation, on the 8th of last May, assisted by Dr. Krause. The patient was placed upon a low chair, facing the window, and I sat in front of him, holding the needle in my left hand, while the head was supported against the breast of the assistant, who elevated the superior lid and fixed it firmly against the edge of the orbit with the index and middle fingers of his right hand.

The sclerotic was punctured a little below the horizontal plane of the globe, and about two lines from the cornea; the curved surface of the cutting part of the needle was then turned forward by a slight rotatory motion between the thumb and fingers; the handle was now carried downward and backward, toward the angle of the jaw, and the needle pushed forward till its point, appearing between the border of the pupil and the anterior capsule, passed on through the middle of the pupillary opening, to near the nasal edge of the lens; then by elevating the handle, and moving it forward and inward, toward the root of the nose, the cataract was depressed backwards, downwards and outwards, into the vitreous humor. After keeping it there a few seconds, the needle was retracted till its shoulders were arrested by the sclerotic; in which position it was held a moment, to see if the cataract would ascend into the pupil; and, as it did not, the instrument was slightly rotated, and withdrawn in the same position as when introduced.

The patient could at once see my face, and of course felt much encouraged. He was placed carefully in bed on his back, and the eye closed by strips of plaster, and covered by a folded dry compress. The room was darkened, and the patient cautioned not to move, except slightly to the right side, and that only by the aid of his nurse. In the course of the following night he experienced a sudden and severe pain in the eye, which lasted for about an hour, and then gradually subsided under the use of cold water

compresses and atropia. A solution of sulphate of atropia (four grains to an ounce) was directed to be instilled into the eye every two hours. On the third day, when I removed the isinglass plaster, the eye was but very slightly injected, the pupil round, well dilated, and clear in its centre, there being portions of slightly opaque capsule visible in its circumference, and the vision was quite satisfactory. The patient was kept on his back, allowing him only to be turned slightly to the right side, for four or five days. After that I permitted him to be raised up in bed occasionally, and at length to sit up or recline, as he chose. No untoward symptom occurred, and, after four weeks' confinement to a room moderately darkened, he began to accustom himself gradually to a stronger light, and in about two weeks more went at liberty. He now finds his way all over the city alone, and, with a double convex lens of two and a half inches' focus, can read large print. The sight of the left eye is still not entirely gone, and, as he sees so well with the operated one, I prefer waiting for some time before interfering with the other.

CASE 2.—Mrs. M., aged 74, who had been entirely blind for several years in one eye, and for some six or eight months in the other, consulted me, incidentally, some two months ago, while I was on a professional visit to her daughter. She and her friends considered the case a hopeless one, as she had been told by several physicians, both in this city and New York, that she was a victim of *amaurosis*.

On inspecting her eyes, I saw at once that she had a well-developed cataract in each of them. Both pupils were small and regular in form, and reacted vividly as I changed the degree of light by shading them with the hand and suddenly removing it, the patient facing the window. The color and texture of the irides were natural, the anterior chamber of normal depth, and the cornea perfectly clear, excepting a well-marked *arcus senilis* on each. There were no varicose vessels in or under the conjunctiva of the bulb, or leaden hue of the sclerotic indicating the presence of congestion or inflammation of the choroid; the lively action of the pupils, and an excellent sensation of light, precluded the possibility of anesthesia of the retina; and there was no reason to doubt the integrity of the brain.

When the pupils were dilated by atropia, the vision was not

improved, but the patient had an increased and even a painful sensation of light. The cataracts, occupying the whole area of the dilated pupils, were of a nearly uniform bluish-white color, with a yellowish, amber-tinted reflection in the centre, which latter phenomenon was more marked in the right eye. The whole cortical substance was opaque quite up to the capsule, which was transparent and natural.

From all these facts, I felt authorized in assuring the old lady that her chances for sight by an operation were very good, and she made up her mind at once to give it a trial.

All the objections to extraction which existed in the case first described, were present in a still higher degree in this. The patient was very old and decidedly infirm, with a flabby skin and sunken eyes. Still she possessed a remarkably placid disposition, and enjoyed good health for one of her years. Hence I resolved to perform depression, and to practice it on both eyes at once, as both cataracts were matured, so that she had no vision whatever with either eye. I operated on her on the 29th of September just past, assisted by the family physician, Dr. David Judkin, commencing with the left. The patient and assistant were arranged as described in the above case. I held the needle in my right hand, and operated by the same method.

As soon as the concave surface of the needle pressed upon the cataract, it broke directly through the capsule and the quite soft cortical substance, some of which at once escaped into the aqueous humor. The harder nucleus, however, resisted the needle, and allowed itself to be depressed into the vitreous humor, but on retracting the instrument a little, it rose again into the range of the pupil, and I depressed it a second time by the same manœuvre, when it remained. I went forward a third time into the pupil, and passed the needle through the capsule and remaining fragments, but so much of the soft cortical matter was left that the pupil was not clear. During the manipulation, I observed that the liquified vitreous humor escaped in considerable quantity by the side of the needle.

After letting the patient repose a few minutes, I took the instrument in the left hand, and operated on the right eye in the same way. In attempting to depress, however, the nucleus, which was larger and harder than in the left eye, and almost

floated in the softened cortical substance, turned completely over my needle, and came up into the pupil and against the iris, its posterior surface being now anterior, and its inferior edge above. It now pressed firmly upon the margin of the pupil, its slightly convex surface even projecting a little into the anterior chamber. Retracting the needle till its shoulder was arrested by the sclerotic, I carried the handle backward and downward till the convexity, as I supposed, presented against the ciliary body. I pushed it very carefully forward, insinuating it between the iris and dislocated lens, till its point was even with the opposite border of the pupil. Then by a slow and very cautious movement I depressed it downward and outward into the vitreous humor, where, to my inexpressible joy, it remained. In commencing to sink it the last time, the extreme point of the needle hung very slightly upon the nasal margin of the pupil, and came loose with a slight click; but it did not produce much traction upon the iris, nor make any visible wound in that curtain. The pupil, as in the other eye, remained filled with the soft cortical portions of the lens, some of which, too, floated into the anterior chamber.

Her sensation of light was improved, but she could not distinguish objects. Both eyes were closed with plaster, covered with dry compresses, and the patient laid carefully in bed upon her back. During the following night she was attacked with severe nausea and occasional vomiting, in which she threw up her dinner of the previous day, entirely undigested and extremely acid. The retching afterwards gradually diminished, but was replaced by delirium. She talked incoherently and almost constantly, pulled at the bed covers, and was very restless for some five days, but still was reasonable when aroused. During this time she took very little nourishment, her strength failed considerably, and some fears were entertained for her life. We gave her injections, small quantities of anodynes and stimulants, under which she at length rallied, and recovered the perfect use of her mental faculties. During this time she gave no indication of pain in the eyes, and she has not suffered in the least with them since. On the second day I opened the eyes, and found that she could distinguish my face, and see other persons in the room. There was but a very slight injection of the conjunctiva, and none in the anterior ciliary vessels. The room was kept darkened, and the pupils constantly

dilated with atropia for nearly four weeks. After the delirium subsided, I directed her to be propped up in bed two or three times a day, and as soon as her strength permitted she was allowed to sit up. Her sight gradually improved as the fragments of lens in the pupils were absorbed.

At present, ten weeks since the operation, she sees remarkably well with the right eye, being able to read fair-sized print without difficulty, by the aid of a double convex lens of two and a half inches' focus. The pupil is perfectly clear, but of an oval shape, and rather larger than is common in persons of this age. The sluggishness in the movements of the iris and the irregularity of the pupil may be due either to some points of adhesion between it and the peripheric portions of the capsule, or to partial paralysis of the organ, caused by touching the edge of the pupil with the point of the needle, or by the contact of the lens when it rolled over the instrument and pressed into the pupillary opening.

In the left eye the pupil is small, perfectly circular, and active in its movements; but by close inspection, in a fair light, I discover a very thin veil of opacity behind it, which is produced by the presence of the anterior capsule. With it the patient can discern large objects and distinguish faces; but, as she says, every thing appears as if seen through a fog. The vision of this eye could no doubt be improved by incising or lacerating the capsule by a needle passed through the cornea; but as the appearance of the organ is so natural and the sight of the other so good, she prefers to leave it as it is. There is now no morbid sensibility to the light, as there was before the operation, and the patient goes where she pleases without inconvenience.

CASE 3.—Morris, a colored man, aged 71, resident of Chilliscothe, of an excellent constitution, and in good general health for one of his years, had been laboring under lenticular cataract for several years, in both eyes. In the right, the lens was of an amber color, completely opaque, and rather small in size, as I inferred from the depth of the anterior chamber, and the fact that when the pupil was moderately dilated by atropia I could see past the edge of the cataract. The pupil was small, tolerably active, and the color and texture of the iris normal. In each cornea was a well-marked *arcus senilis*, which formed a complete circle, and diminished considerably the transparent area of the

organ. In the left eye there is a central, opaque, amber-colored nucleus, with ribband-like opacities in the cortical substance, anteriorly and posteriorly, running from the periphery toward the centre of the lens, and terminating in sharp points. These stripes lie close to the capsule, and reflect the light so strongly as to give them a brilliant pearly aspect. The rest of the lens is still semi-transparent, and since I dilated the pupil he can grope his way about the house, although he was perfectly blind and helpless before. The vision of the right eye was null, but he had a vivid sensation of light with it, and there was no reason to doubt the propriety of an operation.

On last Monday (the 6th of December) I operated on the right eye by depression, as in the preceding cases, assisted by Dr. Carson, of this city. The width of the *arcus senilis*, the depth of the anterior chamber, and the only moderate size of the pupil, made the operation more difficult than usual. The lens rose into the pupil after I had couched it and retracted the needle slightly, and I depressed it a second time, after which it remained out of sight. A large flap of capsule still floated up into sight, which I tore with the needle and carried backward till the central part of the pupil was clear and black. The liquified vitreous humor escaped freely by the side of my needle, some of which ran down over the cheek, and another portion accumulated under the conjunctiva, forming a thrombus of the size of half a pea. The eyes were closed, and covered with dry compresses, the patient put upon his back in bed, the room darkened, and atropia directed to be instilled into the eye every hour. It is now four days since the operation, and the patient has not suffered the slightest pain in the organ, and there is no visible symptom of inflammation. Immediately after depressing the cataract he could count and distinguish my fingers. At present his vision is so good that, if nothing untoward comes up hereafter, he will be able to see enough for all practical purposes and to read. The thrombus has disappeared, the pupil is well-dilated and clear, and the case is going on well.

As to the different methods of operating for cataract (and they are reducible to three principal ones: depression, solution, and extraction, either linear or by flap), I will say, in few words, that in children I prefer *linear extraction*, as practiced by Graefe and

others, in cases where the lenses are sufficiently soft ; a combination of *solution and linear extraction* in young persons, where the cataracts are soft, but still too hard to be removed by a linear incision before the capsule has been punctured and the lenticular substance softened by absorption of the aqueous humor ; *extraction by a flap* in persons of adult and middle age ; and *depression* in aged individuals. Of course I state this only as a general rule. There are circumstances under which it is proper to depress in persons of middle age, and extract in others far advanced in years. There are many other things far more important than the age of the subject, which decide us for or against the adoption of any particular method in each individual case. What these are, I shall have occasion to mention in the next month's issue, in connection with a report of some cases of linear and flap extraction. At present I will merely say that in very old persons, if there is no particular contra-indication, I prefer depression, for the following reasons :

1st. The cataract, in such persons, is usually small, sufficiently hard to admit of easy depression in an entire mass, and not so liable to swell and cause serious distension and inflammation of the eye after it is displaced, as in younger persons.

2d. The presence of a couched lens, which is always a foreign body in the eye, is much less likely to excite serious inflammation in such persons, than in younger ones. In two of the cases above narrated, there was no pain or inflammation whatever after the operation. The other suffered only an hour or two the first night afterward.

3d. The patient need not be so rigidly nor so long confined in bed and to one position as after extraction. This is a vital point, because old and infirm persons bear rigid confinement to one position in bed very badly—indeed, they sometimes die from it. In the first case mentioned, the old man became extremely weak, and emaciated almost to a skeleton in a few days, although we fed him on nutritious broths and everything he could take. The second case was for a while in a very critical condition, from the same cause, at least in part. After the second day we were obliged to prop her up in bed and change her position frequently. The one now under treatment is very restless, and suffers a good deal of pain in his joints and muscles from being kept so still.

4th. In old people, where the function of nutrition is much impaired, the flap sometimes does not unite, and the eye is lost by suppuration and atrophy.

5th. It not unfrequently happens that the vitreous humor is so changed in its structure as to become liquid, almost if not quite as thin as water; and there are no symptoms by which we can be certain before the operation that liquifaction does not exist. If it does, of course there is great danger of complete evacuation of the globe in the attempt to extract. By operating with the patient on his back the danger is diminished, but not removed. In two of my cases (the second and third) this disorganization of the corpus vitreum existed, as was proved by the escape of the humor by the side of the needle, and the difficulty in keeping the cataracts depressed.

ART. V.—*Poisoning by Aconite.* By WM. B. DAVIS, M.D., Cincinnati.

On Sunday evening, November 7th, at about eight o'clock, I was summoned to see John Teldhoster, who was taken suddenly sick. I went immediately, and found him dead.

I gathered the following facts. At about four o'clock the same day, the deceased, in company with George Strongman, Henry Teldhoster, and Henry Maag, visited a sick friend, Chris. Boorman; and while there partook of some "bitters" which their host set before them—the deceased freely, H. Teldhoster and Strongman moderately, and Maag but little.

Shortly after drinking, they experienced an acrid burning of the mouth. From Boorman's, they went to a saloon, where they each drank two glasses of lager beer. Thence they went to the residence of Maag. The burning of the mouth continuing, they concluded that their friend kept "*bad bitters.*" After a time the deceased complained of feeling cold, and of a "queer sensation" in his extremities, and said that he would go home and get to bed. His brother also spoke of his limbs feeling "sleepy" and lame. Whereupon the others laughed, attributing the sensations to the ordinary effect of too much "drink."

On the arrival home of the deceased, he informed his wife that he was cold and benumbed, and immediately retired. His wife

prepared to follow him, and, as she was getting into bed, observed a strange look about him, which alarmed her so much that she called in some of her neighbors. They asked him if he was sick, and in his attempts to answer he partially turned over, gasped two or three times, and expired. His death took place within twenty minutes after his return home.

Being requested to prescribe for the others, I examined Henry Teldhoster, and found him with a cool, clammy skin, pallid countenance, and anxious expression. This last symptom may be due, in part, to the terror induced by the death of his brother. His pulse was weak and intermitting, with about forty or forty-five pulsations to the minute. He complained of pricking, tingling sensations in the arms and legs, with numbness and coldness—particularly of the extremities. The entire left side of his body was much benumbed. The pupils were very much dilated, the dilatation being greater in one side than the other. His stomach and bowels were unaffected. His intellect was clear.

The symptoms of the other cases differed from this one only in degree, being lighter—with the exception of the entire numbness of one side, that they did not have.

I directed an active emetic to be administered to each one, and returned in half an hour with Drs. John Davis and W. H. McReynolds. Free emesis had taken place. The symptoms were the same. After consultation, we directed one or two grains of carbonate of ammonia to be given every hour, and warmth and friction applied to the surface.

Monday, Nov. 8.—Found my patients doing well. Pulse ranged from ninety to one hundred beats. The pupils were reduced to their natural size; save in Teldhoster—there the iris of either eye was nearly obliterated, otherwise doing well. Continued the ammonia.

Nov. 9.—Patients still improving. The irises of Teldhoster appeared spasmodically affected, alternately contracting and dilating, otherwise much improved. Continued the ammonia.

Nov. 10.—Dismissed Maag and Strongman. The spasmodic affection of Teldhoster's irises was still perceptible, though greatly lessened.

Nov. 12.—Dismissed Teldhoster.

The *bitters* of which they drank were pronounced by our drug-

gists to be strongly tinctured with *Aconitum Napellus*, being about one part aconite and two parts whiskey. The aconite had been obtained from a "root peddler," for some bitter root which Boorman was accustomed to put in his liquor.

The symptoms of these cases differed from those recorded in the entire absence of nausea, vomiting, purging, headache, vertigo, dimness of vision, trembling, delirium, stupor, cramp, spasm, and convulsions.

May not the lager beer, which they drank shortly after taking the aconite, have so modified the poison as to occasion the absence of the above-named symptoms?

Boorman had partaken of the same bitters before his illness, but all that I could learn concerning him was, that his physician was treating him for gastralgia.



ART. VI.—*Lithotomy in the Female.* By GEO. C. BLACKMAN, M.D., Professor of Surgery in the Medical College of Ohio, and Surgeon to the Commercial Hospital, Cincinnati.

On the 19th of November last, the Rev. Mr. E., from Virginia, brought to my office his little daughter, five years of age. From her fifth month she had been a great sufferer, her urine being voided with much difficulty, and occasionally complete retention would occur. Whenever she felt a desire to urinate, she would at once press her heel against the vulva with all the force she could command. She had been under the treatment of a number of practitioners, some of whom regarded her case as prolapsus uteri, whilst others treated her for worms! The introduction of a small sound at once detected the stone, and I appointed the next day for its removal. Assisted by Drs. Tripler, Foster, and Holt of Covington, I placed the patient under the influence of chloroform, and then attempted to ascertain the extent to which the urethra could be dilated. We were all soon satisfied that dilatation sufficient to admit the passage of the stone, with the forceps embracing it, would, even if possible, be certainly followed by incontinence of urine. I then introduced the ordinary female staff, with its groove directed downward, and divided the urethra, until only a narrow ring could be felt to embrace the point of the finger.

With a polypus forceps I seized the stone, which was extracted without any great difficulty. The stone measured three-quarters of an inch in its greatest diameter, and a little more than two inches in circumference. The bladder was washed by means of an injection of three or four ounces of tepid water, and to our great delight we found that it could be retained. At my next visit, on the day following the operation, the mother informed me that there had been no incontinence, and that the patient had been more comfortable after the operation than since her first attack. In forty-eight hours after the extraction of the stone, the parents, without my permission, took the child with them on a visit to some friends residing twelve miles from the city, declaring that she was perfectly cured.

In the present unsettled state of opinion in reference to the best method of extracting calculi from the female bladder the above case will not be without interest to the advocates of the division of the anterior two-thirds of the urethra, as has been so strongly recommended by Mr. Fergusson, of London, in his work on Practical Surgery. Did time permit, we might present other testimony in favor of this mode of proceeding; but the further consideration of this subject we must defer for the present, hoping to return to it in an early number of this journal.

Proceedings of Societies.

Proceedings of the Cincinnati Academy of Medicine. Monday evening, December 6, 1858. The President, DR. STEVENS, in the Chair; DR. JOHNSON, Secretary.

Injuries of the Elbow Joint.—DR. WILLIAM KRAUSE presented the following case and remarks:

On the 10th of last November, I was called to see a young, healthy man of 21 years, who had received an injury of his right arm. Two physicians, who had been consulted previous to my arrival, had concluded to send him to the city hospital for the amputation of his arm. On examination I found two wounds; both had been caused by a plane-iron, which was set into rotatory motion by steam power. This sharp instrument had cut his arm

twice. Above the olecranon it had produced a semicircular wound about four inches long, dividing the tendon of the triceps muscle, and opening the joint so as to admit two fingers into it. From the posterior part of the glenoid surface of the humerus a piece of the size of a dime had been excised; a smaller, pea-like piece was found suspended by some lacerated tissue between the articular surfaces. This wound gaped, in the semi-flexed position of the arm, about an inch. The other wound was about six inches long, immediately below the olecranon. It had not opened the joint. Most of the supinator and extensor muscles, however, were cut in an oblique and longitudinal direction down to the ulna, from which a piece of the size of a hazel-nut had been chiseled out, laying bare the medullary substance of the bone. The detached portion of the bone adhered to the lower muscular strata. The edges of this wound were at a distance of about two inches from each other.

I could not resolve, in spite of these grave injuries, upon an amputation of the arm, as the patient was robust, and his lungs sound, as the wounds were cleanly cut, no loss of substance, except in the bones, no contusion of either soft or hard parts, no arterial wound or laceration of nerves, and as both the wounds of joint and bones could be transformed into subcutaneous ones, by a careful coaptation of the edges of the external wounds. This was done five hours after the accident, after the detached particles of bone had been removed. I was led to the adoption of conservative principles in this case by some observations made at Prague, during the Austrian revolution of 1849. Three of the combatants wounded at this time did not submit to amputation of the upper arm, which was conscientiously proposed to them at the hospital, and all three recovered (Halla: the Victims of Whitesuntide at Prague.—*Prag. Vierteljahrschr.* iv., p. 141). Three similar cases are reported in Guensburg's *Zeitschrift für Klinische Medizin*, ii., 438, i., 138, and ii., 446. In these three cases, an isolated fracture of the external condylus of the humerus took place—an injury not frequent, and described first, I think, by Astley Cooper. I shall present here only the first of these cases:

“S., a robust mason, 23 years of age, fell from a church spire, sixty-five feet high, on the roof of the church, thence to the

ground. He had struck the roof especially with his left elbow, thereby diminishing the force of the fall, so as to get off with a grave injury of his arm, some slight bruises of his back, left side of his chest, and head. His arm was transversely fractured at the lower third of the humerus, its condylus externus splintered and detached, and very movable in the soft parts around it, which had been very severely contused. Two wounds above and below the joint deeply penetrate into the muscular substance; the capsule of the joint, on its external side, is widely lacerated; the internal condylus and the olecranon not fractured, but contused. The lower arm is moderately flexed, and in the state of pronation; the radial pulse clearly perceptible. The radius seems to be broken at its upper part; the swelling, however, does not permit a certain diagnosis, as the injured man entered the hospital three days after his fall. The swelling was the more considerable, as cold had not been energetically applied. Profuse suppuration soon began. The formation of an abscess right above the olecranon rendered an incision necessary, through which much blood and pus escaped. The arm was then suspended by gutta percha. The bladder, filled with pounded ice, was soon changed with cataplasms, under the use of which the swelling quickly decreased; good suppuration followed. The general condition of the patient, during the first three weeks, fluctuated between simple signs of inflammation and pyæmico-typhous phenomena. The internal use of chlorine caused pneumorrhagia, which, however, soon subsided under the use of citrate of potassa. A moderate transudation into the right lung and pleural cavity, which had meanwhile taken place, was likewise diminished by the same remedy and acetum digitale. At the same time the suppuration of the joint had become much less under the continued use of cataplasms and fomentations, with chamomile tea; the cavernous abscesses gradually filled up, the cavity of the joint closed, and, during the thirteenth week after the injury, the osteo-porotic external condylus, of the size of a walnut, could be easily extracted. The fractures of the humerus and radius had been consolidated; the cubital joint was ankylotic and moderately flexed between pronation and supination, which motions could be partly performed. All wounds and fistules finally closed, and a useful limb of a mechanic had been saved."

There are other cases on record in the different journals, proving the most surprising recoveries after very severe injuries of the elbow joint ; for instance, by Astley Cooper (*Theoret. and Prac. Vorl.*, ii., 401) ; Kirkbridge (*Am. Jour.*, Aug., 1834) ; Dupuytren (*Leçons Orales*) ; Malgaigne (*Knochenbrüche*, p. 568), and Massart (*Chirurgie Conservatrice des Membres*, pp. 103, 106, 132).

While, however, all these examples show the possibility of a partial cure after suppuration of the joint, perfect recovery promises to take place in my case, because I succeeded in preventing the suppuration of the joint and its unpleasant consequences, though the joint had been opened to a considerable extent, had remained so for nearly five hours, and though the bones in its immediate vicinity were gravely injured. My treatment consisted in the application of ice for twenty-four hours ; then it ceased to cause a pleasant sensation, as is usually the case after a short time, when applied to superficial wounds. The parts felt no longer hot ; there was a pallid œdema about the edges of the wound ; no symptoms of general inflammation of the joint,—nor did such ever make their appearance. The wounds seemed united by first intention. When, however, suppuration commenced in the deeper parts, an event occurred which the surgeon has so frequently reason to deplore : the edges of the wounds separated in part again about half an inch, the sutures, twenty-one in number, all having been removed. Henceforth nothing remarkable happened. The patient never had any high degree of fever, no severe chills, no dry tongue, the pulse ranging between 72 and 84 only during a few days. The surface of both wounds gradually healed by granulation, while the wound of the joint seemed to have closed by first intention, in spite of its long exposure to the atmospheric air. No symptoms of articular inflammation, at least, ever showed themselves. The wounds, both of the humerus and ulna, healed by suppuration, that of the latter always being *bona et laudabilis* ; that of the former, however, watery, greenish-yellow, and flocculent. It is sometimes a difficult question to determine, whether such fluids as the latter consist of or contain synovia ; whether the cavity of a joint has not been opened, is closed again, or still open. This difficulty of diagnosis especially presents itself when a small shot has entered a limb in the neighborhood of a joint, especially if the injured person is seen some time after

the accident. Exploration by the finger or other means, under these circumstances, is not admissible, and the matter escaping from the wound does not always clearly indicate the lesion of the joint. For synovia, even in its normal condition, can hardly be distinguished from other secretions of an albuminous character; especially when it is intermixed with pus or blood, both which liquids contain about the same percentage of albumen, and the same salts, and occasionally appear metamorphosed, like synovia, into a limpid, viscous, yellowish matter. The microscope alone, if it can detect those granular bodies peculiar to the secretions from serous membranes, may furnish a clue to the origin of the liquid under examination. These cells, however, are not found in large numbers, and may be present also in those large subtendinous bursæ mucosæ, which are lined by a membrane of their own, without communicating with the cavity of the adjacent joint. True, the admixture of particles of cartilage, which, at first, when ulceration of the glenoid cavity has commenced, are of a bluish, milky color, brilliant and smooth, at a later period, gray and macerated, tells to a certainty the nature of the injury and the condition of the articular cartilage. Those fragments, however, are neither present in all cases of traumatic injury of a joint, nor at all times. A joint may be opened, and remain open for some length of time, without leading to suppuration and ulceration of the respective cartilages. Where these cartilages, however, are seen in decay, no doubt exists about the perforation of the joint, and the character of the morbid process within its cavity. From the want of positive signs it must in our case be left undecided, whether the synovia-like fluid came from the cubital bursa of the triceps muscle, the joint itself, or consisted of transformed or unhealthy pus.

During the healing process of the soft parts, some phlegmonous inflammation extended along the shaft of the humerus to about the middle of the upper arm, and gradually subsided under the use of warm water dressings, which, in my opinion, deserve generally to be substituted for the uncleanly and troublesome poultices. The patient received nothing internally but some morphia, during the first night, and occasionally some salts subsequently. His diet was ordered to be rich when suppuration began, the limb of course quietly and comfortably couched, its hand elevated, till there was

no longer any danger of inflammation of the joint or separation of the edges of the wounds. Then passive movements were instituted with it every day; not, however, to the extent of causing pain. The patient's limb is by this time (four weeks after the accident) regaining its natural form and full usefulness. Both wounds are cicatrized, with the exception of one small place, communicating by a fistulous passage with the wounded ulna.

Guensburg's *Zeitschrift für Klin. Mediz.* (i., 121) contains a similar case, which is the more memorable, as in it the knee joint is the injured part:

"R., a robust farmer of 28 years, fell, during an epileptic fit, on the blade of his scythe, so as to cut his knee joint open to the extent of four and a half inches. The ligam. patellæ was divided, the patella drawn upward, the capsule of the joint exposed, and the cartilage of the inner condylus bore the mark of an incision several lines deep. The joint gaped an inch wide, and synovia ran over the lower edge of the wound. The patient was transported, immediately after the accident, into the hospital. There his leg was fastened in extension, in order to secure this position during a possible return of convulsions. The wound was closed by ten simple sutures and adhesive plaster, and ice applied to it. The prima reünio succeeded unexpectedly almost throughout the wound. On the fourth day, however, another fit separated the external third of the wound. The leg was subsequently readjusted, and more safely secured. The wound soon closed up again to a small opening, from which the articular fluid continued to escape. The preservation of an ankylotic limb, however, appeared certain, no inflammatory symptoms ever having shown themselves. No further paroxysm disturbed the healing process. (Whether the exhibition of artemisia was instrumental in preventing its return, we must leave undetermined.) Four weeks after, the wound being entirely cicatrized, all tenderness and swelling gone, careful movements of the limb were attempted, and, indeed, flexion was possible. The muscles soon regained their former power, the stiffness of the joint gradually diminished, and the patient left the hospital without artificial support, eight weeks after the accident."

In *Guy's Hospital Reports* (1841, No. xii., p. 181) another case,

very similar to the preceding one, has been recorded by Astley Cooper (1839).

If we glance for a moment at the little statistical table, given by Alcock, in the *Medico-Chirurgical Review*, of 1841, of eighty-two severe injuries of large joints, during the Spanish and Portuguese war, we find the proportion of deaths between those patients who were amputated, and others that were not deprived of their limbs, nearly equal. Of thirty-five patients, treated by primary or secondary amputation, fourteen died (2, 55: 1); of fifty, treated on the conservative plan, eighteen died (2, 77: 1). Now, admitted, that mostly those men were subject to an operation who had received the severest injuries, yet these statistics, imperfect as they are, show that even immediate amputation, other circumstances being unfavorable, is no safeguard against an unhappy termination. On the other hand, a large number of cases, of which I adduced some above, incontestibly prove, that even the most unpropitious looking traumatic lesions of the elbow joint may result favorably in healthy subjects. The question of amputation or non-amputation, therefore, turns more on the patient's general health, and the favor or disfavor of the circumstances which surround his sick-bed, than on the extent of the injury, unless it be such as to render every idea of saving a useful limb without an operation absolutely criminal; for instance, in shot wounds, or when at the same time important arteries or nerves are hopelessly injured. A joint may be considerably wounded, and heal by first intention, and, should it suppurate even, the chances for saving a useful limb are by no means slim, as I previously had occasion to prove in some critical remarks on an article by Blot in the *Arch. Génér.*, May, 1856.

For we possess, in free incisions into suppurating joints, a highly valuable preservative means. The timely and appropriate use of ice water in some form, until contra-indicated, will be the best mode to prevent suppuration, the dangers of which, exhaustion of the patient excepted, are much smaller in this country than in Europe, pyæmia, according to my observations, being comparatively a rare guest in American hospitals. It seems, moreover, as if the local tepid water-bath continued for weeks, which has been so enthusiastically recommended by Langenbeck and Fock, is really a valuable prophylactic means against the

purulent infection of the blood, so much to be dreaded, in spite of the isolated successes which have been obtained by treatment by Nélaton and a few others. The observations of Wagner, at the Dantzic city infirmary, seem to settle this value of the bath, though it must remain doubtful yet whether the immersion of a recent wound into tepid water does best promote its first intention.

If operative interference becomes really imperative, then the surgeon will have to decide between amputation and resection, according to those rules which have been agreed upon by the enlightened physicians of both continents.

Dr. W. H. MUSSEY was much interested in the cases and reflections of the essayist, Dr. Krause; thought that the treatment resulting so successfully should be borne in mind whenever we are called upon to manage such cases. He reported the outline of several cases which had either been under his care, or had passed under his observation, in which similar injuries had been treated with conservative surgery, and in which the results had been in like manner successful with that which formed the basis of Dr. Krause's paper. Whenever he was called to the care of these cases, he regarded them with apprehension: nevertheless we were sometimes most agreeably disappointed. He mentioned the case of a man who had been thrown from a wagon, thereby meeting with an accident, which completely exposed the ankle joint. His (Dr. M.'s) expectation was, that he would not use the limb for a year; but he walked within six weeks.

Dr. COMEGYS alluded to that part of the paper which spoke of water dressings, and mentioned the case of a child, where the thigh was extensively involved in scrofulous disease, in which cold water dressings were persisted in for fifteen months, with the result of saving the child's limb.

Dr. KRAUSE said that he recommended the use of cold water dressings so long as they were pleasant to the patient; when they became displeasing, he discontinued them.

Dr. GRAHAM remembered a case, where a boy, about 17 years of age, had his arm caught in a picking machine, and the bones were chopped in small pieces, and the wrist joint thoroughly exposed. Against the recommendation of the surgeons and physicians, the boy refused to have his arm amputated, and under cold

water dressings the arm healed up finely, and he was able to resume his work.

As to the matter of cold water dressings, a common error was to wet a heavy cloth, and put it on the place to be treated in three or four, or more, thicknesses. The true way was to have the cloth light, and applied in only one thickness, so that the beneficial effects, both of the contact of cold and evaporation, might be secured. He referred to a reported plan, where the water was kept constantly dripping, as one to be imitated.

Dr. W. H. MUSSEY thought it important that the distinction made by Dr. Krause should be observed; that is, that the temperature of the water dressing should be adapted to the feeling of the patient. He recommended irrigation of the surface with water about the temperature of blood. One objection to prescribing cold water dressings was, that the attendants would not remove them often enough; and as the folds of cloth were numerous, as stated by Dr. Graham, they actually kept the part to be treated hot, instead of cold.

Absorption of Lead and Silver.—Dr. GRAHAM related a case where there was fracture of the lower part of the tibia, with abrasion of the skin. Lead water dressings were applied, and the patient subsequently died from some disease of the bowels, which was not clearly revealed on a post mortem examination. But he suggested that this might possibly be a case of lead poisoning, and if so, great care should be observed in using lead water dressings where the skin was broken.

To show that lead used externally was sometimes absorbed into the system, Dr. W. H. MUSSEY gave the case of a man who had used, for eight years, various hair dyes, as Twigg's, Mrs. Allen's, and Christadoro's, all of which have sugar of lead and nitrate of silver for their basis: this man had got the "blue line" on the gums, and the "blue face," which result from lead and nitrate of silver.

Reports of Cases.—Dr. W. H. MUSSEY exhibited several specimens of morbid anatomy to the Academy; a fibrous tumor removed from the parotid region; also a quantity of calculi removed post mortem; gave the history of a recent case of fracture: a child received a blow on the head from a broom-handle, causing a fracture above and outside of the orbit—a small spicula

of bone was removed, and the boy did well for five days ; at this time, contrary to orders, he was allowed to go down stairs, convulsions came on ; the wound was opened and pus was allowed to escape, after which the convulsions ceased ; continued to grow weaker in spite of sustaining treatment, and on the 11th day he had another convulsion. Again opened the wound, allowing pus to escape to the amount of $2\frac{1}{2}$ oz.; after this he continued to introduce a probe daily, to facilitate the escape of pus. A portion of dura mater falling over the wound acted as a valve, and consequently he introduced, at last, a small canula, which permitted the matter to flow without interruption. The boy died. Dr. M. exhibited a portion of the frontal bone containing the fracture, together with a part of the anterior lobe of the brain, in which these deposits of pus had taken place, extending down to the base of the brain. The arachnoid membrane was inflamed.

Valvular Heart Disease.—Dr. COMEGYS related the condition of two chronic cases of disease of the semi-lunar valves, resulting from rheumatism. He spoke to some extent of the almost utter hopelessness of any beneficial result from direct medication, with our present views of the treatment of these cases ; and, after speaking of the effects which had been observed in certain cases exposed to the depressing influence of scurvy, he threw out the suggestion, by way of analogy, as to what might probably be anticipated from a similar condition of the system set up by a long-continued administration of mercury. He did not desire to be understood as advancing any opinion upon the suggestion, favorable or otherwise, but would be glad to hear an interchange of views by the gentlemen present.

Dr. MUSSEY thought he should prefer to fall into the hands of the Lord, than into the hands of man, should the doctor attempt to carry out such a plan of medication, and he were the patient. Remarked at some length in relation to the uncertainty of diagnosis in many of these cases of heart disease ; had seen a number of cases where the result was regarded as exceedingly unfavorable, where, nevertheless, nature set up certain compensating conditions, so that life was prolonged for many years, and with much comfort.

Dr. GRAHAM, Dr. KRAUSE, and Dr. COMEGYS followed in a lively and interesting discussion of the matters suggested. The gen-

eral view seeming to be, that mercury was often of manifest advantage in recent deposits of lymph about the valves of the heart, causing rapid absorption, but that there was no benefit to be expected in old standing cases, that could justify the destructive influence of protracted mercurialization.

On motion, adjourned.

Editorial Translations.

1. *The Cessation of the Elimination of Odors a Sign of Bright's Disease.*

M. DE BEAUVAIS read a paper on the "Deficient Elimination of Odorous Substances through the Urine in Bright's Disease," at the meeting of the Academy of Sciences, October 25th, from which we take the following conclusions :

"Odorous substances, fixed or volatile, do not pass by the urine in confirmed cases of Bright's disease, so long as the coloring matters are eliminated. Since 1849 I have continued my experiments with the juice of asparagus, or with the essence of turpentine. I have repeated them, without interruption, on a great number of subjects, at different stages of albuminuria, in the service of Prof. Rostan, during my residence as *interne* in Hotel-Dieu, in 1854, '55, and '56. In the convulsions of children, as in those of pregnant and lying-in women ; in scarlatina complicated with anasarca ; in diseases of the brain ; in neuroses ; in paraplegia with lesion of the genito-urinary organs ; in organic affections of the heart, liver, lungs, kidneys ; in purpura, scurvy, diabetes, fevers, phlegmasias, diseases of the skin ; in the principal cachexies, and cholera, I have easily determined, by the aid of this particular sign, if albuminuria was connected with the existence of lesions belonging to Bright's disease. Indeed, I repeated the fact that the suppression of the function of eliminating odors does not take place, except in this affection exclusively. It is constant, absolute, incurable. The following example demonstrates this :

"In a man attacked with Bright's disease, whom I treated for five years, I never saw the passage of odors reappear in the urine,

in spite of the general dropsy and the notable diminution of the albumen, and the real amendment of the constitution.

“*Deductions.*—Albuminuria may, then, in these cases, cease for a longer or shorter time, but the passage of odors is never reëstablished—a capital fact, which demonstrates the persistence of the lesions, and the impossibility of the radical cure of Bright’s disease. The autopsies made at Hotel-Dieu sustain us in stating that this functional trouble coïncides almost always with anatomical lesions of the second stage of Bright’s disease. In a pathological view, the suppression of this curious function, observed exclusively in Bright’s disease, proves the speciality of this affection, and the morbid changes which are peculiar to it. In a physiological view, this abolition of elimination of odors confirms the importance and the nature of the rôle of the cortical substance in the secretion and elaboration of the urine. In regard to prognosis and therapeutics, this particular sign reveals at once the gravity and fatal incurability of the confirmed disease.

“*Conclusions.*—With these premises, I lay down the three following propositions: 1st. The deficiency in the elimination of odorous substances by the urine is an exclusive sign pathognomonic of Bright’s disease. 2d. This new sign, well ascertained, confirms, at the first view, the value of the symptom albuminuria, the degree and the nature of the corresponding anatomical lesion. 3d. In default of albuminuria, a capital symptom, or of the characteristic dropsy, the absolute suppression, incurable from the passage of odors in the urine, imposes on us at once the diagnosis, prognosis and treatment.

2. *Grave Paralysis produced by the Abuse of Copaiba.* By M. MAESTRI.

Observation.—N., 37 years of age, contracted a slight gonorrhœa, for which some one ordered an electuary of cubebs and copaiba, with the extract of rhatany and tannin. In order to hasten the cure he quadrupled the dose ordered by the physician, and took, in addition, a considerable quantity of copaiba. At the end of eleven days of this treatment, which produced neither vomiting nor diarrhœa, he complained of headache, vertigo, uncertainty in walking, a sense of constriction in the pharynx, and a painful rigidity of the muscles of the neck, of the inferior max-

illary bone, the thorax, and the abdomen. These muscles were the seat of spasms, which were awakened by the least impression, and were preceded by horripilations and a general trembling. The movements of the four extremities were very feeble; this state alternating with muscular tension, accompanied by pricking sensations. Locomotion was almost impossible: the superior extremities fell back inert after the slightest exercise; in addition, incomplete paralysis of the muscles of the face, *analgésie* and coldness of the inferior extremities, sleeplessness, brilliant eyes, great thirst, frequent and hard pulse, constipation, dysuria.

These symptoms were combated by purgatives, leeches to the anus, wet cups and revulsives along the spine; and yielded at the end of twelve or fifteen days, with the exception of the paralysis, which, on the contrary, became aggravated, accompanied by muscular atrophy. We had recourse to local electricity, by means of Duchenne's apparatus, by induction, which produced a rapid amelioration. The muscles of the trunk, and then those of the superior extremities, and finally those of the inferior extremities, recovered successively their volume and normal contractility. Forty applications, aided by (*rationnelle*) rational gymnastics, were sufficient to bring about a complete cure, which was perfected by sulphurous baths.

The history of this patient resembles sufficiently that of a man who died, some years since, in the service of M. Pidoux, in consequence of the swallowing of a very large dose of copaiba, and in whom it was thought that the grave symptoms appeared from a metastasis supervening in consequence of the suppression of the gonorrhœal discharge. M. Maestri remarks, with reason, that this explanation is not admissible in the case which he reports; the gonorrhœa was excessively mild in his patient, and, besides, no one symptom indicated a decided lesion of the nervous centres. —*Gaz. Med., Ital. Lombardia*, 9 Nov., 1857.

3. *Tubage of the Glottis: Trousseau's Report.*

M. BOUCHUT, one of the physicians to the new hospital for sick children, named after the Empress, Hospital *Eugenie*, some time since read a long paper before the Imperial Academy of Medicine on "Tubage of the Glottis," in the treatment of croup. The paper has and is making a good deal of sensation in Paris,

and some angry discussion has been the result. M. Bouchut, with all of the ambition and enthusiasm of a Frenchman for a pet, which he conceives to be very original, has met with a good deal of opposition, and even a bitter denunciation by no less a person than his former master, the distinguished Trousseau. His paper was referred to a committee, of which M. Trousseau was chairman. He has made a long and able report to the Academy, in which, from his great regard for the talents and accomplishments of his old student, he rather favored him.

We are too sorry that the report of Trousseau is too long for our readers. We have been strongly tempted to translate it. We can only give its conclusions. Before we do so we may remind our readers that Trousseau is a great advocate for tracheotomy in croup, and that, in addition to being a skilful and expert operator, he has operated, we believe, oftener than any other person, with a success that has excited great wonder. Some have doubted whether many of his cases were true croup. But to the conclusions of his report on tubing the glottis :

“The *tubage* has then been practiced seven times : five times death has followed ; the only two cases which have been cured required tracheotomy, practiced *in extremis*. Certainly, such results are not encouraging, and M. Bouchut, who accuses tracheotomy so willingly, will have no right to think those severe who cast blame on the operation of tubing the glottis. We must, nevertheless, say with impartiality, that we do not believe that the *tubage* of the glottis was the cause of death in the seven children, no more than we will blame tracheotomy with the death of those on whom it is practiced. The *tubage* of the larynx has not killed one child ; it appears in several to have retarded death, and we are certain that it has not accelerated it in any one. In our opinion, it would have been better to have practiced tracheotomy at the moment when all medical resources seemed worn out. Must we say that *tubage* is a procedure which we must reject altogether, absolutely ? We do not think so : the operation is still new, and we must hope that each day will bring its complete success, and that, in a short future, the *tubage* of the larynx will be registered as a positive success. And if the future proves that in simple, acute laryngitis, which kills sometimes by laryngeal occlusion, the *tubage*, practiced during some hours, prevents death,

and allows us some time to act with useful medicaments, M. Bouchut will have rendered to medicine a great service. However, your committee must limit itself to the following conclusions: 1. The *tubage* of the larynx, in certain cases of acute laryngitis, may, in retarding asphyxia, become a curative means. 2. In certain chronic diseases of the larynx it may enable us to postpone tracheotomy, and sometimes to treat and cure the disease. 3. In the treatment of croup it postpones sometimes asphyxia, and allows us to introduce more easily into the air passages agents capable of modifying the diphtheritic inflammation. 4. It can but rarely supply the place of tracheotomy, which continues the chief means of treating croup from the time that medical means seem exhausted."

At the meeting of the Academy of Nov. 9, the discussion on Bouchut's paper and Trousseau's report was opened. On the very same day the *Gazette des Hôpitaux* contained a letter from M. Bouchut, in which the following sentence occurred: "We are not going to be the servile imitators of the eccentricities of this kind, with the example of Louis and Caron, and, from fear of a rapid asphyxia in our patients, make a premature tracheotomy, which will have no other advantage than to give exercise to the hands of the operators."

M. Trousseau, in his speech during the discussion, was severe on Bouchut, for the above language, maintaining that he, an old physician of the Children's Hospital, had never performed the operation of tracheotomy but when he religiously believed it to be the only thing left for the little patient.

4. *Revaccination.* By I. F. VLEMINCKX, Inspector General of the Medical Department of the Belgian Army. Extract from a Note read before the Belgian Academy of Medicine, Oct. 30.

The revaccinations made at the prison of Gand amount to 1139; those of the prison at Velvorde, to 521; the united figures of Gand and Velvorde consequently make a total of 1660. As the Academy would be desirous of knowing immediately the result of this vast operation, I am willing to gratify instantly its legitimate curiosity. Of 1660 persons, 379, or 16 in a hundred, have been revaccinated with success. Among these 1660 there were 716

who carried *manifest traces* of a first or previous vaccination, and 471 *those* of the small-pox. Of the 716 first class, 115, or 16 in the hundred, and of the 471 of the latter class, 220, or 46 per hundred, have been vaccinated with success. The analysis of the general figures gives, in addition, the following results: The operation succeeded (fractions are omitted)—*A.* on 0 among 15 subjects of the age from 10 to 20; *B.* on 21 among 379 from 20 to 30 years of age, or on 5 in the hundred; *C.* on 78 among 524 from 30 to 40 years of age, or on 14 in the hundred; *D.* on 111 among 381 from 40 to 50, or on 21 in the hundred; *E.* on 93 among 235 from 50 to 60, or on 41 in the hundred; *F.* on 67 among 114 from 60 to 70, or on 60 to the hundred; *G.* on 9 among 12 from 70 to 80, or on 75 in the hundred. On 716, *who carried vaccinal marks*, the operation succeeded as follows: *A.* from 10 to 20 years of age, 0; *B.* from 20 to 30, 8 among 202, or 4 in the hundred; *C.* from 30 to 40 years of age, 41 among 268, or 14 in the hundred; *D.* from 40 to 50, 47 among 169, or 27 in the hundred; *E.* from 50 to 60, 13 among 52, or 25 in the hundred; *F.* from 60 to 70, 6 among 15, or 40 in the hundred; *G.* from 70 to 80, 0. Among 471, *who had suffered with variola and who carried variolic cicatrices*, it has produced the following results: *A.* from 10 to 20 years of age, 0; *B.* from 20 to 30, 6 among 80, or 7 in the hundred; *C.* from 30 to 40, 22 among 109, or 20 in the hundred; *D.* from 40 to 50, 52 among 116, or 44 in the hundred; *E.* from 50 to 60, 51 among 104, or 48 in the hundred; *F.* from 60 to 70, 35 among 54, or 64 in the hundred; *G.* from 70 to 80, 4 among 6, or 66 in the hundred.

These, then, are the principal facts. The consequences to be deduced from these facts are those which I had the honor to lay before you in my communication of the 29th May last, and of which there is not one which I could retract or modify to-day; for they are the result of all the figures which I have submitted to you.

1. The revaccination of persons well vaccinated produces results of very little benefit.

2. Those who have had variola should submit themselves to revaccination with much more reason than those who have been vaccinated.

3. Revaccination succeeds much better according as it is prac-

ticed at a longer period from the first vaccination, or after an attack of variola.

4. Until the age 25, it is generally useless.

5. From 25 to 35 years, it produces useful results on a certain number of individuals, yet the number is excessively limited; consequently without proscribing it entirely, we ought not to recommend it too strongly.

6. From the 35th year of life, it becomes veritably prophylactic, and consequently necessary.

7. Supposing that it may have failed the first time, this is not a reason for not trying it at other times, as there is nothing indicating that, between both operations, the susceptibility may not have returned.

8. Revaccination of pupils in schools, boarding-houses and seminaries is useless.

9. Revaccination of soldiers, in armies constituted as ours, is equally useless.

Correspondence.

SINGULAR CASE OF MONSTROSITY.

HOLLY SPRINGS, Miss., Nov. 29, 1858.

EDITORS LANCET AND OBSERVER.

Dear Sirs :—It was my good luck (or misfortune?) to meet with, a short time back, an instance of (for want of a better name) “Teratogeny”—an exaggerated sort of “Xiphopages,” that I consider worthy of a brief notice and a few reflections. Examples of this kind are rare, certainly, and, I confess, to me unprecedented, for I am unable, now, to recall, in any of the museums I have visited in this country or Europe, a case entirely analogous. I was requested to visit, professionally, a negro woman, who, her master informed me, had symptoms of “miscarriage.” I found her morose, and disinclined to the communicativeness so usual with her “race.” She is well-developed, of good figure, stout and healthy, of that color or complexion denominated here “dark chocolate,” being a few degrees removed from the *noir foncé* of the pure-blooded African. To the common interrogatories, in reference

to her previous condition and the character and frequency of pains, etc., etc., I with difficulty extracted, substantially, that she was in the twenty-fifth year of her age, and had given birth, in as many labors, to three living and well formed children, perfect after their kinds, black or mulatto; that she was six months "gone," and had experienced, for some time, sensations attributable to "quickening;" that the pains had been quite frequent, and of regular recurrence; that the membranes were ruptured, and the liquor amnii, "par conséquence," discharged. I afterwards, however, became convinced that she was in error in regard to the stage of gestation arrived at. Such errors are common. She had met with no accident, and experienced no violence, and the only cause assigned for the apprehended untoward termination of gestation was the excitement occasioned by the sudden death of one of her children.

Having found her lying face downwards, the thighs flexed upon the pelvis, I ordered her to turn upon her back, that I might make the necessary examinations. Instead of obeying, however, she got up quickly, sat a few moments upon a chair, shook her dress, and returned to bed. I was not surprised, having observed her motions, to find the contents of the womb upon the floor, and a glance sufficed to inform me that I had a specimen, at once rare and interesting, of gemellary conception.

Imagine (and excuse the implied duality) *two* diminutive creatures of the "*genus homo*" united, not by a musculo-fibrous medium, but soldered, if the expression be admissible, and inseparably fused into one, from the manubrium sterni, or where that should be, to a common umbilicus, so that, if there be no vertical diaphragm separating the thoracic and abdominal cavities of these "freaks," those cavities must be common to the double foetus. There is but one navel, one umbilical cord, and one placenta. The umbilicus occupies a central position in the "fourchette," separating the hypogastric regions and pelves of the foetus (I use the twin in the plural), and offers nothing unusual in its appearance. The cord is small, delicate, and apparently—for I made no dissection, to preserve the specimen entire—contains but one set of vessels. The placenta is large, vascular, and seemingly well suited to its double functions, and I may here say that, although the expulsion was not effected in involucria, the placenta was extruded simultaneously with the foetus, or at any rate the cord was left unbroken. In

general aspect there is a wonderful and striking resemblance between the "twin sisters," for I ascertained their sex to be feminine, the external genitals being well defined, the labia and clitorides easily distinguishable. The period of gestation reached by these twins was, apparently, the end of the fourth or beginning of the fifth month (v. "*Cazeaux Traité des Accouchement*"), yet are the features of both well marked and distinct: the arms, hands, and fingers, the legs, feet, and toes well proportioned and symmetrical, except where a superabundance of dumoid tissue, or a relaxed condition of the subcutaneous areolar structure mars the symmetry and regular contour of outlines, by permitting the skin to hang in folds in certain localities, as the neck, etc. The eyes are well seen through the separated palpebræ, and the tongues in the patulent mouths. The ears are small, but well formed and placed. The ani are also well represented by two unoccluded orifices *in situ proprio*; in fact, complete duality is maintained as to all the peripheral organs and members, the umbilicus excepted.

The mode of union between these little anomalies is not adventitious or intermediary, but there is, in appearance, a loss of substance or default in each, to render the fusion more perfect; in *aliis verbis*, the thoraces and epigastric regions of each are, to speak geometrically, truncated, to make the union more intimate. Indeed, Salmaces, so facetiously mentioned by the venerable Dr. Meigs, in an article of his upon double monsters, would, I doubt not, soon have wearied of so close a union with her lover, as exists between my little twins.

It is not my wish, nor is it my intention, to enter the broad field of teratological discussion; yet I cannot forbear a few of the many reflections to which the sight of this *lusus matronæ naturæ* has given rise. For the sake of simplicity, these reflections may be enumerated as obstetrical, anatomical, physiological, etiological, medico-legal, psychological, social, economical, and comical. I am aware that I would soon be over head and ears if I attempted to penetrate, didactically, into each of these divisions; I shall therefore only endeavor to do what our fine-witted friends over the pond would call *effleurer la matière*!

We cannot deny that the full term of gestation might have been arrived at by these twins, since nutrition having been maintained to the fourth month, might well have progressed to the ninth, with-

out accidental interference or violence. Supposing that period (the ninth month) to have been attained, would parturition be possible, under the circumstances, without sacrificing the mother or her offspring? I cannot conceive of its possibility, *per vias naturales*, by any variety of presentation, defined or imagined, without giving extraordinary amplitude to the pelvic-straits, or unusual diminutiveness to the double foetus. The celebrated Siamese twins cannot be referred to as a precedent, since the union between them is less, very much less, intimate than in the present case, thereby permitting a greater freedom of motion, laterally, to each individually, and the separation of one from the other by a considerable interval—circumstances that must have greatly facilitated them *in transitu ad auras*. The accoucher would therefore be reduced to two alternatives, provided he could make a correct diagnosis at all: the Cæsarian operation, attended with great peril to the mother and child, or the sectio-foetus, of necessity fatal to the infant. Without further amplification on this point, let us pass to a few anatomical considerations.

The *point d'union* between these “freaks” presents no appearance of cicatrix, the integuments being reflected from one to the other. I have already explained that the connection between them is not intermediary, but, apparently, by an elliptical default, extending from the upper part of the manubrium sterni to the hypogastrium—the long diameter of the ellipse being vertical, and the short diameter occupying the plane of contact of the twins in a transverse direction. I have used the word “apparently,” because it is impossible to determine, without dissection, whether the sternum and sternal portions of the ribs, or their rudimentary representatives, exist in either or each foetus, or whether the union is entirely tegumentary, the ordinary anatomical characteristics being unaffected. I will also reiterate, here, the striking resemblance they bear each other, and the remarkable distinctness and perfection of the *visible* organs and members. The fact of there being but one umbilicus, and one cord, containing “apparently” but one set of vessels, must, under the division of the artery and venous tunics, be exceedingly interesting to the anatomist, for we can readily imagine the impossibility of a single set of vessels supplying this double economy. In all other points, subject to observation, complete duality seems to have obtained. The

arrangement of the internal organs and of the vessels beyond the point of penetration must remain a matter of conjecture, as I have determined to keep the specimen intact.

Physiologically considered, it will strike the most casual observer how utterly at variance with the ordinary catalogue of physiological acts must have been the conduct of these unfortunate "*individuals*"—can I say?—could they have attained to a mundane existence. I need only cite the act of progression, which could never have been performed by both simultaneously in the usual direct way; one or the other would be forced to "*perpetrate*" the paradox of *advancing backwards* to an object, or they would be compelled to approach sideways, or by waltzing, since, from their intimate union, they must have maintained a perpetual *vis-à-vis* to each other. I might mention numerous other instances of entire incompatibility with common physiology, but deem it an unnecessary consumption of time and a useless prodigality of space, since these unavoidable discrepancies will be apparent to every one.

The cause of this curious anomaly must, I fear, ever remain obscure. The influence of the maternal imagination, the accidental changes experienced by the fœtus during intra-uterine life, and a radical defect in the germs, are enumerated as the most probable causes of monstrosity. In the first place, "*me judice*," the imagination had no causative influence in this case; secondly, the anomalous union is too perfect to be the result of accident; and, thirdly, though a bad egg may spoil one "*pudding*," I can not conceive of its uniting two. In fact, such an array of causes amounts to the telling us, we must be satisfied with inserting this in the great dictionary of etiological obscurities, and wait with patience, until nature's God sees fit, if that He ever does, to write after it the definition. The only at all plausible hypothesis, in the present case, is, I think, that pertaining to a double ovum or germ; but "*Alabama*"—"here we rest."

Let us make once more the almost, I will admit, absurd supposition, that these creatures had reached a separate, I mean extra-uterine existence; that they had attained an age to be affected by the social compact—consisting of certain concessions for certain rights and privileges, guaranteed, protected and insured by laws, rules and regulations: would they be amenable to the penal or other code that now governs society? Would they be considered

as individuals acting in concert? Might not one commit a felony, the other being ignorant? and thereby render it impossible to punish the guilty, without inflicting an undeserved share of the penalty upon the innocent?—or, would each be considered as accessory, in every case, to the acts of the other, and, in consequence, be made legally responsible? Could twins, thus united, be construed as “*individuals*?” Could they act as “*individuals*,” and thereby come under the general law in reference to monsters? “Monsters, if capable of acting as individuals, have the same rights as other persons.” I am free to admit, that I am unable to respond satisfactorily, and call upon medico-legists and learned Doctors of Law to aid me in this dilemma; meanwhile, I will pass from Scylla to Charybdis—from medical jurisprudence to psychology.

The psychological division of my reflections reduces me to the necessity of weighing each thought, and measuring each word. Like the befogged mariner, I must feel my way, or, what is better, cast anchor at once, to avoid the unseen breakers and quicksands—the rocky shoals of doubt and perplexity, upon which the unwary sailor might be enticed by the mirage of specious reasoning, or driven by the *flatus* of false argument. Stand fast, good cable, and part not, whilst I exclaim, how rich a theme for the psychologist! What “*piquant salad*,” what savory “*cud*” for the pensive jaws of some solitary Plato! Who shall say whether double souls exist? Who shall decide as to the condition of these *animæ junctæ* in “the land of the hereafter?” What is the moral result of such physical “*duplicity*” as our little “*freaks*” would present? I appeal to psychologists, and to you whose work it is to guide erring souls to a peaceful haven. Should you disagree, in the words of the Roman bard, “*non nostram tantas componere lites*.” A preaching doctor, like a praying horse, is liable to stumble: so, I will rest satisfied with murdering half a line, for the “*English Homer*,” “*whatever will be, will be right*.”

In a social, economical and comical point of view, I suggest that “*Doesticks*” and his “*bussum friend, Damphool*,” make an experimental voyage of discovery, with my little hyper-Chang & Eng; and thinking it better to practice than to preach economy, I take advantage of this lumping conclusion, to invite the Faculty to visit “*mes petits enfans*” at my office, where it will give me

pleasure to exhibit them to the fraternity, without demanding "quarter" at the door.

In fine, I hope, sirs, that you will not bring in a diagnosis of *cac. scrib.* against me for the length of this, but attribute it to the interesting nature of my "case of monstrosity."

S. C. GHOLSON, M.D.

[THE following has been received from the Messrs. Tilden, in reply to a communication from Richmond, Ind., published in our number for Oct., 1858. We give it place with pleasure.—EDS.]

To the Editors of the Lancet and Observer :—The article in your October number, to which you called our attention, has been carefully examined, and we cannot but refer the injustice it does us to a misunderstanding of all the circumstances, and to the miscarriage of letter.

The letter in which the pills were sent went first to New York, was there opened, and, when received here, contained but one pill and a fraction of another : only a portion of what was, we understand, enclosed. An examination was had of what was used, and upon the report made us, we wrote the apothecary our opinion. On the 1st of July, we received another letter from this apothecary, taking exception to the opinion therein stated. To this letter we at once replied, not being satisfied with the examination had, requesting some more pills, that we might pursue the investigation to our satisfaction. To this letter we received no reply, and are since informed that our letter was not received. When we received the letter containing the analysis referred to, the facts enabled us to place the responsibility, and we frankly stated where we believed the error to rest, and which, doubtless, would have been discovered earlier had we received the pills for further examination.

The question of error has as much point in the matter of *stating* as of *compounding*, and, if concealment had been our view, we should not have stated our conclusions so candidly. We have endeavored, for ten years, to build up a business and a reputation, and should not willingly part with it for so small a consideration.

If an error occurs in a business involving such a variety of

detail, so many distinct departments through which each article must pass before it is ready for market, time is necessary to locate it. We have issued from our establishment thousands of packages, and bear no recollection of having had our attention called to an error of this kind before. We feel that we may justly claim something of confidence and credit for the system and untiring care requisite in the successful management of a business involving, necessarily, so much detail and personal responsibility.

TILDEN & Co.

New Lebanon, December 15.

Reviews and Notices.

SELECTIONS FROM FAVORITE PRESCRIPTIONS OF LIVING AMERICAN PRACTITIONERS.

By HORACE GREEN, M.D., LL.D., etc., etc. New York: Wiley & Halstead, 1858.

We do not know when we have been more astonished than on the reception of this book. The reputation of the author, the rather taking title, whetting our intellectual appetite in advance, prepared us for something unusually good. Disappointment, with slight vexation, has been the result, after having carefully looked it over. We cannot conceive how Dr. Green ever persuaded himself that he was either doing anything good or useful in the publication of so much stuff and weakness in book form. There is no accounting for some people's taste, and we may well say there is no explanation to be given for some people's doings. We say this with the reasons assigned for its publication staring us in the "Introduction." It seems that, "for many years past, the author's rooms for the treatment of patients have been visited daily by medical men from all parts of the Union, who have called on him either from curiosity, or from a desire to observe every improvement in practical medicine." He has been very communicative to these daily medical visitors from all parts of the Union, and in return has not hesitated to ask of others such useful information as they might have derived from experience and observation. To get the *crème à la crème*, he has been in the habit of asking for "copies of some of their favorite prescriptions—those prescrip-

tions from the employment of which they have derived the greatest advantage in the treatment of disease. In this way he has collected together two large manuscript volumes of medical formulæ, which have come from every section of the Union, many of them being the contributions of some of the most distinguished physicians and surgeons of the present time."

The inducements "to publish this volume" were, that "a part of the formulæ appeared in the *Medical Monthly* during the last two or three years, and have been extensively copied, not only into the medical journals of this country and the Canadas, but also into many of the European journals, which clearly shows that some degree of estimation was placed upon the value of these preferred formulæ of American practitioners." Of all the inducements, we think this is the least. It is no evidence of extraordinary merit that these formulæ, or any others, should have found their way into several journals. Everybody knows that editors are forced to introduce many things into their journals which they by no means endorse, only giving them as current novelties.

The author had another inducement to collect these formulæ into book form: "The many requests that came to him from eminent physicians, in different parts of the Union—physicians upon whose judgments he feels disposed to rely—urging him to collect and publish these prescriptions in a book form." Really, we should like to know the names of these "eminent physicians" who made so singular a request of the author. Instead of the prescriptions indicating anything remarkable, many of them are so simple and of common use, that the merest tyro would be held inexcusable for his ignorance of them.

The book is divided into fourteen chapters: the first is devoted to the consideration of narcotics and sedatives; chap. 2, to tonics and stimulants; chap. 3, to excitants and alterants; chap. 4, to cathartics and laxatives; chap. 5, to emetics and expectorants; chap. 6, to astringents; chap. 7, to diaphoretics; chap. 8, to diuretics; chap. 9, to anti-spasmodics; chap. 10, to anthelmintics; chap. 11, to emmenagogues; chap. 12, to gargles and lotions; chap. 13, to antacids and antilithics; chap. 14, to derivatives, counter-irritants, etc.

Certainly, our readers will say, this is a promising index of contents. In the first chapter we have nineteen prescriptions,

fifteen of which contain more than two ingredients. Hydrocyanic acid is the first remedy of the first chapter, and is described as a "most prompt and efficient" sedative. Now let us give the distinguished prescription of which it forms the basis, and ask whether it is easy to say whether it is the hydrocyanic, or the other articles, which exert the therapeutical effect :

℞ Hydrocyanic acid, gtt. xl.
 Morphiæ sulph., grs. iij.
 Tinct. sanguinaria, vin. ipecac, aa ʒssf.
 Syrup pruno virginianæ, vel misturæ amygdalæ, fʒv.
 Fiat mistura, cujus sumat cochlearium parvum bis terve in die.

This is recommended "as a valuable remedy in the treatment of chronic bronchial disease, in allaying the cough present in tuberculosis and in all pulmonary catarrhal diseases, unattended with fever." So it is through the book. Polypharmacy, and nothing but polypharmacy. It is impossible for any one to say which remedy, in the above formula, is the efficient one. Certain it is not the hydrocyanic acid. Every prescription containing hydrocyanic acid also contains two or three active articles whose therapeutic effect is sedative. We have barely patience to go further. But, from the first chapter, let us take another *formula* from some *distinguished* physician, recommended by Dr. Green in all forms of chronic disease attended with acute pain, as well as in all painful nervous affections, in the treatment, for any cause, full doses of opium are contraïndicated.

℞ Ext. hyoscyami, grs. xv.
 Ext. stramonii, grs. iv.
 Ext. humuli, ʒi.
 Morphiæ sulph. gr. iss. M.

Divide in pilulas xxx., quarum capiat unam omni semi hora, donec leniatur dolor.

Of just such prescriptions is this book filled. To call such a prescription the result of any extraordinary ability, or the dictation of an eminent physician, is simply to say that Dr. Green has a singular conception of medical attainment and professional eminence. The student who could not write or dictate such a prescription at his graduation, would certainly deserve to be rejected. Why, the man who has but cursorily read his *Materia Medica* would be able to make such a prescription. Succeeding

this, we have the following from Dr. Porcher, as "particularly beneficial in relieving pain, proceeding from irregular nervous action :"

R Quiniae disulphatis, ℥ij.

Morphiæ sulphatis, grs. x.

Fiant pilulas xx., quarum sumat unam pro re nata.

We know Dr. Porcher to be an excellent and learned physician, but we do not believe that Dr. Porcher thinks that he did anything very remarkable in working out the above, as every body is well aware of the sedative properties of quinine and morphia. And so Dr. Green goes on. He has made the best hand-book for the quack that we have laid our hands on, in a long time.

Now, to the second chapter, with the following tonic *formula* :

R Quiniae disulph., ℥i.

Lig. potassæ arsenitis, ℥ij.

Acidi sulph. aromat., ℥j.

Tinct. cinchon. comp.,

Syr. zingiberis, aa. f. ℥ij.

This is given in teaspoonfull-doses for the cure of ague. We feel sure some of our readers will laugh heartily, when they read this formula. In the same chapter he gives a simple, every-day formula for a pill of arsenic and quinine, as an antiperiodic.

The following pills Dr. Green says, "with one of our oldest and most experienced physicians, exhibited one night and morning, is a favorite remedy in chronic gastric affections, chronic diarrhœa, etc.:"

R Ext. nucis vomica, grs. iv.

Ext. opii, grs. vj.

M.

Fiat massa, et in pilulas xvi. dividenda.

We do wish Dr. G. had given us the name of "*our oldest and most experienced physician*," who originated such a wonderful prescription. We feel curious to know his name. Dr. Green teaches pharmacy, also, and tells us how to get a perfect solution of strychnia, as it is safest to give it in this form.

But let us hasten on. From the chapter on excitants and alteratives we take the following formula, the *effort* of some distinguished physician, but as old, we believe, as Lugol, a Frenchman of some eminence, who did much with iodine in scrofula :

℞ Iodini puræ, grs. vj.
 Potass. iodid., ℥iss.
 Tinc. cardamon, f℥j.
 Syrup sarsap. comp., ℥iij.

Fiat mistura, exhibe cochl. parv. bis terve in die.

The author tells us this is an excellent formula in all cases of scrofulous diathesis—a great therapeutical discovery, truly! Really there is so much impudence (we cannot use a milder word) in this book, that we only proceed with our notice to expose it.

“With my colleague,” says the author, “Prof. J. M. Carnochan, Surgeon-in-chief to the State Hospital, Donovan’s solution—which is a combination of iodine, arsenic, and mercury—is a favorite in the treatment of lupus, venereal eruptions, impetigo, and other chronic cutaneous diseases.” Following is the formula :

℞ Liquor arsenic et hydrarg. iodid., ℥ss.
 Syrup sarsap. comp., ℥viij. M.
 Sumat cochl. una parv. ter quotidie.

This is by no means an exception : the book contains dozens of just such formulæ from distinguished American physicians. Dr. Green must have presumed on the ignorance of the mass of the profession to a painful and incredible extent. Why, Donovan’s solution!—who does not know its composition and therapeutical effects? It is a downright insult to every well-educated physician. Surely we believe, as we write, that the author must have written this book for empirics, or else as a pure speculation, to put money in his pocket.

We must give two or three more from this same chapter. “The extract of podophyllum, or May apple, is much used as a remedial agent by physicians in some parts of this country ; and when the remedial value of the preparations of this plant are better known, they will be still more extensively employed by the profession.”

No. 81. ℞ Ext. podophylli, ℥j.
 Ext. aloes hepat., ℥iij.
 Gambogiæ, ℥j. M.
 Fiant in pilulas lx.

“The above constitute excellent alterative and cathartic pills,” etc. This is a specimen of the polypharmacy of the book. It is still further an illustration of the way in which the author and his *distinguished* friends study the effects of remedies. He quotes

Dr. Norwood's opinion on the use of tincture veratrum viride in the treatment of typhoid fever. If for nothing else, this should condemn this book, and Dr. G. as a very unsafe physician in the management of typhoid fever. Dr. Norwood is an enthusiast—we were about to say he is mad. Control the too frequent and strong pulse—control the heart,—the excited circulation is every thing; it is the nidus of all disease in inflammation, in typhoid fever, in every disorder. Tincture veratrum will control the pulse, therefore it will cure typhoid fever, says Dr. Norwood, and echoes Dr. Green. We are again insulted with a formula for the tincture veratrum. It is so original, we give it:

R Tinc. veratrum viride,
Syrup scillæ, aa.

We have not room to give examples from all the chapters; we will therefore content ourselves with a few more, that our readers may fully appreciate this book. From the chapter on astringents we select—

No. 157. R Acidi tannici, ʒj.
Ext. gentian, ʒij.

Make xx. pills; take one every three or four hours!

We take the following from the chapter on Diaphoretics:

R Liquor ammon. acetatis, ʒij.
Vin antimoni,
Tinct. opii. camph., aa ʒss.
Syrup tolu, ʒj. !!

Again, we take the following from the chapter on antispasmodics:

No. 186. R Assafoetidæ, ʒiss.
Mophiæ sulph., grs. v.
Saponis dur., ʒij. M.

Ft. mas. in pil. xl., div. quarum capiat unam pro re nata, vel binas, hora somni.

Another specimen from the chapter on anthelmintics:

No. 197. R Spigeliæ mariland, ʒss.
Aquæ ferventis, ʒj.

Macera per horam, quarum sumat cochl. mag. tertiis vel quartis horis.

—And so on to the end of the book. Need our readers ask us whether they had better buy this book?

It is a bad book, totally unfitted to the spirit of our science at the present day. It will encourage downright empiricism: it will be regarded as a very valuable book for, we are happy to say,

that small class—*routine physicians*. It certainly will add nothing to the reputation of Dr. Green. The “distinguished American physicians,” whose prescriptions are thus spread out, should consider themselves under the greatest obligations to the author for having omitted their names, as a general rule.

We must say frankly, that the reputation of some of these distinguished physicians would not be so great, if Dr. Green had given us their names. The book should have been written twenty-five years ago, when pathology, pathological anatomy, physiology, diagnosis, and therapeutics had not reached the elevated position they now occupy. M.

For sale by Robert Clarke & Co. Price \$2.00.

LECTURES ON THE PRINCIPLES AND PRACTICE OF PHYSIC: delivered at King's College, London, by THOMAS WATSON, M.D., Fellow of the Royal College of Physicians, late Physician to the Middlesex Hospital, and formerly Fellow of St. John's College, Cambridge. A new American, from the last revised and enlarged English edition. With additions by D. FRANCIS CONDIE, M.D., Fellow of the College of Physicians of Philadelphia, Member of the American Philosophical Society, etc. With one hundred and eighty-five illustrations on wood. Philadelphia: Blanchard & Lea. 1858. Pp. 1224.

We are gratified to announce a new edition of Watson's admirable and popular lectures on the Practice of Physic. And it is gratifying to be able to state that the present is not a mere *reprint* of the lectures as they have hitherto been known to the American profession; on the contrary, the author has carefully and thoroughly revised the lectures, and introduced such new matter as the progress of medical science demanded. The work may, therefore, be regarded as a thorough digest of the practice of medicine, embodying the main principles of the *science*, with no small amount of the detail of the rules regulating the *art*. Dr. Watson may be regarded as a conservative writer and practitioner,—one who is little prone to the extremes of the present day, and yet sufficiently active and vigilant to keep pace with the advances of our science. He is scientific, without being ultra; progressive, without transcendentalism; in a word, a careful investigator, a philosophical observer, and a judicious practitioner. Dr. Watson's Lectures may, without exaggeration, be styled a *mirror* of the practice of medicine. In them we find reflected the leading

principles of our science, and the well-established facts of our art. It is a work which may be profitably consulted by the busy practitioner, the diligent student, and even the scientific investigator. The additions by the American editor are judicious, and add in many respects to the value of the work.

For sale by Rickey, Mallory & Co. Price \$4.25. L. M. L.

[We give place to the above brief critique, with the well-known initials of L. M. L., with great pleasure. Dr. L. simply expresses the universal testimony of the profession, in according the first place to this noble treatise of Dr. Watson on the Practice of Physic. We feel, however, that we should not be walking in the path of duty, did we omit to improve this occasion for entering our protest against the "getting-up" of this American edition. In the first place, the work is fresh from the hands of its distinguished author, who has with great labor brought it fully up to the present progressive state of medicine; there was, therefore, no necessity or propriety in its receiving an editorial supervision, from any one, no matter how fitting he be. This editorial labor of Dr. Condie is, consequently, an affectation that is neither agreeable nor acceptable. And, furthermore, and in this same connection, this whole matter of American editorship to European or English books is becoming more and more an unbearable, stupid bore. If Dr. Condie has the material for a work on General Practice, better than this work of Dr. Watson's, or, for a special *American* work of practice, better than Wood's finished Treatise, by all means let us have it; but let it be the pure, unadulterated Dr. Condie's Practice of Medicine. Such a work we should receive with great pleasure. We have another criticism on this American edition—its bulky shape will make it a very laborious volume to handle by even the occasional reader; and, for the student, it will be quite a severe tax on the arms to use for half a day, or a whole evening, at a time. It should, by all means, have been put up in two handsome volumes.—Ed. *Lancet and Observer*.]

PHYSICIAN'S HAND-BOOK OF PRACTICE, FOR 1859. By WM. ELMER, M.D., New York.

We have just received a copy of this new candidate for professional regard, and have given it a somewhat careful examina-

tion. In its plan, it differs from anything of the kind that we have ever seen. It also differs very materially from the edition for 1858, and is, we think, very much of an improvement upon it. Its arrangement is better, and it is less bulky; and, indeed, we think, will afford general satisfaction. For our own use, however, we would prefer to throw away all its *Practice of Medicine* and *Materia Medica*, this sort of remembrancer is, with us, a perfect nuisance. The plan is as follows: Calendar, Classification of Disease, Diseases of the Breast, Medicinal Abbreviations, Remedial Agents, Extemporaneous Prescriptions, Marshall Hall's Ready Method, Poisons and Antidotes, Abbreviations, Signs, etc., Names and Addresses, Bills and Accounts (this part arranged alphabetically and numbered), Daily Register, and space and columns for condition of patients and treatment, Obstetric Cases (well arranged), Wants, Nurses, General Memoranda. It is well gotten up, handsomely bound, and in every way a handsome pocket "hand-book." It is published by W. A. Townsend & Co., 377 Broadway, N. Y., and for sale by the trade generally. For prices, see advertisement.

LECTURES ON THE DISEASES OF WOMEN. By CHARLES WEST, M.D., etc., etc.
Part II. Diseases of the Ovaries, Vagina, Bladder, and External Organs.

In the January number of the volume of this journal for 1858, we called attention to Part I. of this work, on Diseases of the Uterus, and commended it to the attention of the profession. We now take pleasure in announcing the second part, on the diseases of the other portions of the genital system, which fully sustains the reputation of what has preceded. The two parts, which should be bound in one volume, make a book of five hundred pages, and we can recommend it to our brethren as a superior treatise on the diseases of women.

G. M.

NEW BOOKS.—We have received from the publishers, the Harpers, Dr. Sanger's new work on Prostitution; and from J. B. Lippincott, a new edition of Malgaigne on Fractures. Also from R. M. Dewitt, the American edition of Tyler Smith's Obstetrics. We have not time properly, or just space, for notice of these books, in this number of the Journal; we shall, however, next month.

Vol. II., No. 1.—4.

Editor's Table.

A NEW YEAR.—Our readers and friends everywhere will please accept with this our sincere and hearty—*Happy New Year*. 1859 is a new year to us all: editors, teachers, practitioners,—all. Time is rapidly winging away, and if we would fill up the measure of our professional, as well as earthly responsibility, it becomes us to be earnestly at work in the field of our labor. For ourselves and our Journal, we expect to strive to make this volume of the *Lancet and Observer* the very best volume of any medical journal that has ever been issued in this Queen City. We shall work to this end ourselves, and we confidently anticipate a generous assistance from all our patrons and contributors.

We feel considerable pride in this initial number for the new year. If we are vain, we trust our friends will find good reason to pardon us. Firstly, then, we think it will be found brimful of most excellent practical matter; in the next place, we feel a good deal of pride in our printer, who has very properly seen fit to put bright, new types and fixtures upon the Journal,—and whose good taste appears on every page of this number; and last, but not least, the paper is not often excelled in American medical journals. If our readers do not agree with us, that these are the three cardinal virtues of a first-class journal of medicine, and that they are all eminently present herein, we will most respectfully—try it again.

Another feature not to be forgotten or overlooked: the size of type adopted with the commencement of this volume, besides improving the appearance of the page, actually increases the amount of matter one page in twelve, so that virtually we have added about four pages to the number, or fifty pages to the year. This will enable us the more readily to find room for our *Condensed Articles, Abstracts, and Selections*, which will hereafter make a more prominent feature of the *Lancet and Observer*; and we shall thus be better able to give our readers a larger share of the cream of our exchanges, as well as the very large amount of original papers which make up the body of this Journal.

With these improvements in the Journal, and industrious pur-

poses on the part of its conductors, we trust to make our way to the office table and warm regard of all our old friends and readers, and to hundreds of new ones,—and to retain in future the generous patronage and friendly support that has been accorded in the past.

MEDICAL EDUCATION.—*Medical Department of the University of Michigan.* The letter of Professors Palmer and Sager, in reply to the *American Medical Gazette*.

The University of Michigan is an institution organized in all of its departments, and highly endowed by the State by a grant of a large quantity of land. So great is the revenue from this source, that the professors are paid liberally, and their lectures are free, the fees paid by the students being nominal. Some time since, an effort was made to remove the medical department to Detroit, so as the students might have the advantages of clinical instruction.

A member of the Committee of the Board of Regents, appointed to consider the propriety of the proposed removal, after having made a long report, proposed the following resolution: "That each candidate for *admission* to the medical department of the University shall furnish satisfactory evidence of his own good moral character to the president, and, if not a graduate of this, or some other university, or college, he shall possess a good English education, a knowledge of natural philosophy, and the elementary mathematical sciences, including geometry and algebra, and such an acquaintance with Latin as will entitle him to admission into the Freshman class of the classical course of the University; *to be ascertained and certified to by the proper professors in that course.*"

"In order," say Drs. Palmer and Sager, "to admission to the classical department referred to in the resolution, an examination must be sustained in Latin Grammar, Cæsar's Commentaries, Cicero's Orations, the first book of the *Æneid*, with special reference to Prosody, and thirty lessons in Arnold's Latin Prose Composition." To all this Dr. Palmer and Sager object, with reasons and arguments weak and lame. Indeed, we do not know when we have laid our hands on a document so far behind the

times; so much in opposition to the opinions expressed often by the best men in the profession.

But let us have one of the main objections put forth to the above requirements: "The effect," say Drs. P. and S., "of such a resolution can readily be understood. Students wishing to become members of the medical department, instead of applying to the proper officers of the department which they wish to join, would have to go to the president or chancellor of the University, and present their formal evidence of moral character, and, if not graduates of some literary college, must then proceed in succession to the professors of natural philosophy, or mathematics, and of Latin, submitting themselves to examinations before those gentlemen, who have never *been, and are not to be, their instructors*, and to receive from them their certificates, or be rejected by them, if it should so happen that they had become rusty in the details of their school-boy studies."

Is there any force in this objection? What if students had to go to the officers of the other departments and be examined? If they are qualified, they would pass. But, if they have become rusty on the above requirements, the "details of their school-boy studies," and should fail, it would be regarded by Drs. P. and S. as very unfortunate. Let us suppose that they fail on their English examinations: what then? And we will say here, that a very large number of students could not pass an examination on English literature and language, and the natural sciences, much less one on the Latin Grammar, Cæsar's Commentaries, and Cicero's Orations. Drs. P. and S. are of the opinion, "after no little observation, experience, and reflection," that a knowledge of Latin, however small, is wholly unnecessary to the medical student. We will venture the remark, that the fewest number of fine English scholars and writers are ignorant of Latin. Space forbids us to argue this question. We know of no distinguished man in the profession, of the present day, whose classical education is not good.

If we examine the biography of the dead, we find that the majority were ripe and chaste Latin scholars. Students in France, Germany, and England are all required to be proficient in Latin.

It is well known, that the French government has raised the standard of qualifications for all who propose to study medicine.

A rigid examination in Latin is exacted as *one* of the qualifications. The English Parliament, in the passage of the medical act, has exacted a very high order of classical education for medical men. Drs. P. and S., in justification of their opposition to higher requirements for their students, instance the fact, that the Russian government has abolished the study of Latin and Greek from its university. They omitted to tell us, that medical students matriculating are required to give evidences of their proficiency in Latin and Greek. We think that these *learned* professors were hard pushed, to travel off to Russia for an example to justify them in their rude assaults on what was once thought by all, and is so esteemed now by many, as one of the necessary requisites for a medical man,—indeed, one of his brightest accomplishments.

The late distinguished Daniel Drake told us, that he had to regret the want of a classical education, and so great did he find this want, that, after he had entered the profession, he devoted himself to a severe study of Latin. We feel pained to find two professors of a university organized as that of Michigan is, thus lowering the standard of medical education. The profession is full of men whose preliminary education is wretched; the medical colleges of the country are filled with students, the majority of whom are wholly unfit, from their defective education, to study medicine. The best men in the profession are vexed with this whole matter. Report after report has been read before American medical associations on this subject, and yet, in the face of all this, we find two professors of the best endowed university, opposing any advance, but, rather, lowering the standard. This is very remarkable, too, when we consider that the professors are assured of their salary from the rental of the lands. What is the reason, then, of their opposition? Simply, that it would be “unjust to those citizens of our State who are desirous of medical instruction, and are qualified to receive it; but who may not have read Cæsar’s Commentaries, Cicero’s Orations, the first book of the *Æneid*, and thirty lessons in Arnold’s Prose Composition; *their qualifications in these respects to be determined by a professor in another department of the University.* It was to this part of the resolution, alone, we made objections.” In the first part of the letter, as noticed above, they do not believe, from

their "observation and experience," that a Latin education is necessary, and, therefore, opposed. Then, again, we find them opposing the examinations in *Cæsar's Commentaries*, etc., because "their qualifications in these respects [are] to be determined by a professor in another department of the University." So, at last, we have the reason. If a professor in another department is to make required examinations, they are opposed; and we are led to infer that, if the medical faculty of the University are required to make the examinations, they are in favor of the Latin requirements.

We have not room to follow Drs. P. and S. through their letter. It is well for every one to know, however, that a part of the faculty of the University of Michigan are opposed to carrying out the recommendations of the American Medical Association. They tell us that the people of Michigan must be educated. Let them be educated; but let them show the proper preliminary qualifications for the study of what is a learned profession. Drs. P. and S. are afraid to raise the standard, lest the students would go to some other school, and, so to have a large class, they do not intend to be very strict or severe in their requirements.

When we remember that the faculty of this school has claimed in the past to carry out the suggestions of the American Medical Association, there is room for surprise at the views of Drs. P. and S. One thing we feel convinced of: we must have more scholarship in the profession. We are suffering for the want of it. We mean scholarship the result of a severe study of the classics.

ELEEMOSYNARY INSTITUTIONS.—*The Duty of Physicians in regard to Service.*—We have often wondered at the great desire evinced by many to obtain the office of medical attendant to lunatic asylums, orphan asylums, and city and county poor-houses. In the most of cases, too, the desire does not spring from a wish to study, to lecture, or to make observations on a particular class of diseases, but simply from an insane vanity and senseless conceit to obtain the office. Sometimes it is imagined that the reputation attached to the office will bring an increase of business. Now and then, this is true; but the man who will increase

his reputation and business by any of these offices, will do the same, and more surely, by attending strictly to the legitimate business which his abilities and tact will surely attract. The objectionable feature, however, in this whole matter is, that physicians will come into competition with each other. If Dr. A. offers to attend a county poor-house, or an orphan asylum, for two hundred dollars, Dr. B. will propose to do the same service for one hundred; while Dr. C., determined not to be beaten by a rival, will offer his valuable services for fifty dollars, and, in addition, furnish all the medicines, and medical and surgical appliances. Is this not shameful? Is it not derogatory to the profession? Yes, we say; and the man who acts so is a mean quack, regarding his profession in no higher light than the railroad contractor, or common day laborer, does his own. The same class of men will take twenty-five cents a visit, attend an obstetrical case for three dollars, and give their opinion in a grave and critical case for one. Many pursue this course, to have it said they have a good business; or out of pure jealousy of a neighbor, or rival. The worst of all this is, that we find this course pursued by members of the regular profession. We are surprised at nothing done by quacks, and those outside of the legitimate profession, for they are the followers of the father of lies; but among those who pretend to some ideas of decency, and the behavior of educated gentlemen, we are astonished. Cheap doctors are mean doctors, the world over. He who will take, as an *honorarium*, a small fee—indeed, no fee—for his services, either estimates his abilities as very poor, or he is a man whose *morale* is exceeding bad. It is no use to talk to us of poverty, of a wife and five small infants, and one at the breast, straitened circumstances, etc.: it is all bosh. Put it down, dear reader, that the man who will attend public institutions gratuitously, or who will compete in price with his brethren, is either a man of poor qualifications, or he is a veritable quack, and dishonorable person. We certainly would be watchful of such a person, in consultation—the position in which the bearing of the able physician and noble gentleman most do shine. Let us change. Let us imitate our friends of the Law. What is their course? Do they defend criminals gratuitously? If the judge assigns counsel, the commissioners pay for it. Indeed, the members of every

other profession are tenacious of professional dignity, and ability, and honor. We never hear of lawyers offering their services in competition. So great has this evil grown, that, while lawyers, and *experts* in arts and science, and trade, command a good reward for their services, medical men are expected to render their invaluable services *gratis*, or for a pitiful reward. People say, Oh! you doctors ought to be glad to get such offices, as it is a great field for *learning*; forgetting that a good physician has already learned his profession, ere he attempts public practice.

Let us change this whole matter. In this city we have changed in some respects. Now, the usual fee for a *post-mortem*, before a coroner's jury, is twenty-five to one hundred dollars; while, some years since, it was only five. No man thinks of taking less than twenty-five.

In every city, town, village, and county, where eleemosynary institutions exist, the *aristocracy*—the *gentlemen* of the profession, should frown down and cut off all who propose to attend such institutions cheaply. Let the good physicians make the price, and refuse every other offer, and public officers would be brought to their senses. But what shall we say of political doctors—of those small, lank, lean, hungry-souled fellows who climb into places they, in the most of cases, are wholly unfit for—whose only claim is, that they are pure Democrats, who never scratched a ticket; or Black Republicans, who sleep and dress in wool; or *Know-Nothings*, whose fathers bled and died all through the revolution? We believe it true, that the fewest number of medical men hold office on any other ground than their political antecedents and opinions. This has been largely true of superintendents of the lunatic asylums of the State. Now, there is no doubt, if medical men would only act right on this question, that the whole class of *cheap*, underbidding, throat-cutting doctors, in public and private life, might be completely routed out from all respectable position in the profession.

We think it the duty and the right of the profession to control the appointments of the medical departments of all charitable institutions: it can be done effectually, too.

We hope our readers will move upon this question. Let us make known to the public that our services are valuable, superior, and must be paid for; that political opinions in no wise

increases medical ability and tact, but rather injures it; and that a cheap doctor, either in public service or private practice, is a poor doctor, or a dishonorable man—and, in too many cases, both. It must not be forgotten that the poor and unfortunate patients have an interest at stake in this matter, and, above all, that our science and art is to be maintained, preserved, and advanced, and that those persons in public places are those who represent the profession. Let every good, upright gentleman recollect his duty to his profession. Every man is a debtor to it.

Prof. Foote's Introductory.—We have already alluded briefly to the exercises introductory to the course of lectures in the Medical College of Ohio, for the present session. Since that notice, we find the introductory address of Prof. Foote on our table, and have read it with interest and pleasure. Its theme embraces a review of the exactions and rewards of the profession of medicine; and in touching upon the various topics suggested, the lecturer makes no effort at display or profundity of discourse. It is pleasant and conversational in style of composition as it was of delivery; and in its perusal one can not but be impressed with the peculiarities of its author, which have made him sincerely esteemed by his professional acquaintances, and admired by the members of the classes to whom he lectures.

In this connection, we take great pleasure in remarking, as we can do truthfully, that the class of the Ohio Medical College of this winter will rarely be surpassed for the respectful, studious, and intelligent bearing of its members.

THE *Concours* for the three vacant places in surgery, in the central bureau of the Parisian hospitals, terminated November 16th, with the success of Mm. Beraud, Jamain, and Dolbeau.

ONE of the most distinguished representatives of surgery at Lyons, France, M. Gensoul, is dead. He was distinguished for his treatment of varicose veins by cauterization, ablation of uterine polypus, amputation of the superior maxillary, and ablation of the parotid gland.

M. Soubeiran, Professor of Pharmacy in the School of Paris, died November 19th.

The Cincinnati Medical Society.—The December meeting of this Society was held at the residence of Dr. Fries. The discussion on the treatment of pneumonia, growing out of the paper of Prof. Lawson, read at the November meeting, was continued with spirit. Dr. Krause read a paper on *Bronzed Skin, with Disease of the Supra-Renal Capsules*.

This being the annual meeting, the regular election of officers took place, resulting as follows: *President*, Thomas Carroll, M.D.; *Vice-President*, B. F. Richardson, M.D.; *Rec. Secretary*, R. Grey, M.D.; *Cor. Secretary*, W. Krause, M.D., and *Treasurer*, F. A. J. Gerwe, M.D. The usual social reunion took place, and the good things provided by the worthy host were discussed with complimentary fidelity. The meeting dispersed at a late hour.

The Introductory Lecture to the course in the School of Medicine, Paris, was delivered by Prof. Gresolle, Nov. 15. His subject was a eulogy on Prof. Chomel.

To Clubs.—New Subscribers.—We earnestly solicit our friends to interest themselves immediately in getting up clubs for 1859. Our club rates are placed at the lowest consistent figure, and certainly ought to be an inducement to subscribers to assist us with promptness and energy. There is not a neighborhood in the country where one or more new subscribers might not be obtained with reasonable effort. We had a very handsome accession to our list last year by the labors of some of our friends, and already we are beginning to receive fresh indications of like good will for the present volume. One old patron sends his subscription and the cash for two new ones; another, who sent us about half a dozen new subscribers for 1858, writes us to send him our mail list for *his own and two adjoining counties*, and he proposes to canvass the balance, so far as he has time and opportunity! Such material aid as this stimulates the exertions of editors and publishers to new zeal. We are willing, inasmuch as depletion is rather out of vogue, to endure the *stimulating* treatment, as an experiment, to almost any reasonable extent, for the next year or two.

* * * Several pages Editor's Table and Obstetrical and Ophthalmological Abstracts are crowded out, and must lay over until February.

Editorial Abstracts and Selections.

PRACTICAL MEDICINE.

1. *Trousseau's Opinion of Tracheotomy.*—Tracheotomy, well performed and badly treated, is invariably fatal; but badly performed and well treated, it succeeds in a third of the cases. The wound ought to be defended by plaster, in order to prevent its edges being injured by the borders of the canula. A woollen cravat ought to be passed three or four times loosely around the neck, so as to absorb the heat and moisture requisite for the air entering the lungs; otherwise, the mucus in the trachea dries up too rapidly, and so inflammation of it is excited. The edges of the wound ought to be cauterized, to prevent their taking on a diphtheritic covering; rub the caustic in well, the day after the operation at latest. Children operated on must be made to eat: insist on this. Despite the fever, prescribe milk, eggs, chocolate, cream, etc., as deglutition is very difficult with children; the best thing is to remove the canula as early as possible. In the angina of the diphtheritic, the canula may be removed on the sixth to the ninth day; but sometimes it must be left for months or years. Blisters must never be used in diphtherite: they only add another complication.—*Med. Times and Gazette.*

2. *Death from Chloroform.*—Dr. Robert Lee, of London, reports, in the *Med. Times and Gazette*, a case of death from chloroform, occurring in the practice of Dr. John Campbell, of Lurgs, in Scotland. The presentation was natural. The woman had taken chloroform in six previous labors without accident. The pains becoming active, she called for chloroform, and inhaled about 3ij., “threw herself violently back, gave a gasp or two, a slight gurgle was heard, and respiration and the pulse instantly ceased.” Dr. Campbell arrived a few minutes after the death. Having no instrument, he did not deliver the child. The head rested on the perineum. It is only a few weeks since it was publicly denied that any case of death from chloroform, during labor, had ever occurred in Scotland.

3. *A Specific for Scabies*.—At the last meeting of the Academy of Science, Paris, M. Bonnet, of Epinal, sent in a paper announcing that benzine is a specific for the itch. The author of the paper states that if benzine be rubbed on the parts affected, and also very slightly on the other parts of the body, a cure will be effected in the course of five minutes, after which the patient may take a warm bath for half an hour. Nevertheless, in cases where the itch is accompanied with secondary eruption, the latter will require a separate treatment.—*London Lancet*.

4. *Cold Applications and Sulph. of Copper in Croup*.—Dr. Pudon relates some cases as examples of the great benefit he has derived from the continuous application of cold, wet compresses to the neck, simultaneously with the administration of sulph. copper in two grain doses, every half hour: sixty-four grains having been given in one case, and seventy in another.—*Journal für Kinder: Med. Times and Gazette*.

5. *Collodion in Herpes Zona*.—Prof. Fenger has of late been treating this troublesome affection advantageously by collodion, smearing it, by means of a pencil, over the whole of the vesicles, their bases and circumference, or wherever there is redness. It should be applied as early as possible, and three layers in thickness, renewing it next day. He finds the addition of castor oil to the collodion an improvement; but especially prefers the solution of cotton wool in acetic ether.—*Schmidt's Jahrb.: Med. Times and Gazette*.

6. *Ash Tea as a Remedy for the Bite of a Rattlesnake*.—A correspondent of the *Nashville Journal of Medicine and Surgery* affirms that a tea prepared from the bark of the ash is a reliable remedy for the bite of the rattlesnake. He does not give the variety of the ash tree used, nor very definite directions as to its preparation. His treatment, however, is the administration of "about one pint of ash tea, prepared by taking a handful of the inner bark of the ash, adding one quart of water, and boiling down to a pint." About half a gill is to be taken every twenty minutes.

7. *Strychnine Poisoning relieved with Camphor*.—In the November, 1858, number of the *Ohio Med. and Surg. Journal*, Dr. Denig

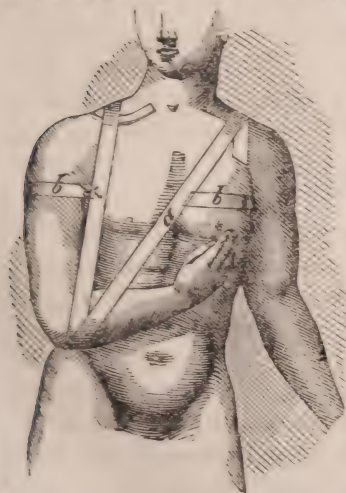
reports a case of poisoning by strychnine, which he treated with chloroform and pulv. camphor, the result being favorable. When called to see the patient she was in tetanic convulsions, and, as he satisfactorily ascertained, had taken, for purposes of self-destruction, about *one grain* of strychnine. Dr. D. administered five grs. pulv. camph. every ten minutes, administering chloroform in the mean time, for about half an hour, at the end of which time the spasms ceased to return.

SURGICAL.

8. *A new Mode of dressing Fractured Clavicle.*—Prof. J. W. Freer (in *Chicago Med. Journal*, Oct., 1858,) proposes the following very ingenious plan for the treatment of this form of fracture, in the use of which he has managed several cases with slight trouble, and good results :

“The different indications to be met in the treatment of fractured clavicle are, as you are well aware—“1st, To bring the shoulder *upward, outward, and backward*; and 2nd, *To retain it there.*

“These several indications are fulfilled by the use of *adhesive straps*, applied in the following manner, to-wit:



“1st, A strip of adhesive plaster, of two and a half or three inches in width, and of sufficient length to extend from the under surface of the forearm, near the elbow of the affected side, to the shoulder of the opposite side, (see *a* in the accompanying diagram,)—the strap being applied about its *middle* to the forearm, and passing each *end*, one in *front*, and the other *behind*, and crossing them upon the shoulder; the ends being permitted to extend downward, and lapping, one

upon the *breast*, and the other upon the *back*, drawing it sufficiently tight to bring the elbow firmly to the *side* and elevate the

shoulder—a *pad* having previously been placed in the *axilla* for the purpose of carrying the shoulder outward.

“2nd, A *strap* of like width passed around the arm of the affected side at the *axilla* (see *b*), and carried *across* the *back*, and *under* the arm of the opposite side, and lapping upon the breast, drawn sufficiently tight to bring the shoulder *backward* to the required extent.

“3d, The hand may be supported by placing it in a silk handkerchief attached to a loop of adhesive plaster, passing over the *sound* shoulder. If from any cause it be desirable at any time to make compression over the fractured ends of the bone, it may be readily done by passing a strap of adhesive plaster from the fore-arm of the affected side *over* the affected shoulder. (See *c*.)”

9. *A Case of Neuralgia successfully treated by Exsection of the inferior Maxillary Nerve.*—Dr. D. Hayes Agnew reports, in the *Phil. Med. and Surgical Reporter*, Oct. 15, 1858, a case of neuralgia which had resisted a great variety of treatment: “For five years she had suffered intense pain of the lower jaw, and the integuments as far forward as the middle of the lower lip and chin.” She was fully etherized, and an incision being made a little in front of the angle of the inferior maxillary bone, a three-quarter inch trephine was applied and the external table removed, exposing the inferior dental canal, containing its blood vessels and nerves. This portion of the nerve being removed, the parts were approximated again, and dressed after the usual manner. The result was most satisfactory, as she has enjoyed ever since the operation a complete exemption from all suffering.”

10. *Removal of a Foreign Body from the Pleural Cavity.*—Prof. Hamilton, of Columbus, reports the details of an interesting case, occurring in the Ohio Penitentiary. The convict had attempted to commit suicide by thrusting a narrow knife-blade entirely within the left pleural cavity.

“Three and a half inches above the sternum was an irregular crucial incision. From this a very tortuous wound passed first outwards, then obliquely downwards and outwards, and finally perpendicularly downwards, so as to perforate the pleural cavity; which the finger could be made with perfect facility to enter.”

Dr. H. having satisfied himself of the presence of the knife, and

decided upon an operation: "Chloroform being given, and the room at a temperature of 75 degrees, a flap was made dissecting down and reflecting back everything external to the ribs, so as to expose the sixth and seventh for about five inches. The anterior termination of the point of exposure was just at the junction of these ribs with their cartilages. On reaching the rib it was my intention to divide the periosteum by cutting down firmly upon the bone and making the attempt, after the manner of Maissonneuve's operation on the lower jaw, to reflect the periosteum and pleura from it without dividing the latter. The outer surface was cleared without difficulty, but, as I was effecting the separation along the attachment of the internal intercostal muscle, a laceration of the pleura occurred, upon which I abandoned this part of my plan, and proceeded at once to divide the rib by inserting one blade of the common bone pliers in the sixth intercostal space and cutting the sixth rib. A similar operation further back, removed a piece of appropriate length. This done, and my left hand dipped in water of elevated temperature, it was inserted into the opening, and carried forward towards the sternum till the ends of the fingers reached the mediastinum, and hurriedly explored the anterior aspect of the roof of the lung. Getting no trace of the object of my search, the hand was dropped to the diaphragm, which being hurriedly explored without success, it was thrown upon the posterior aspect of the root of the lungs, where almost the first object I touched was the knife, lying beside the spine in an antero-posterior direction."

The patient died; more from a refusal to submit to treatment, and take proper nourishment and medicine, than from any necessarily fatal injury, as Prof. Hamilton thinks. He adds, in conclusion:

"It would be difficult for one who has not carefully contemplated the subject, to imagine the facility with which the exploratory part of the operation was effected. As soon as the rib was removed, the air entering the chest, the lung was compressed into a rounded mass, of considerable density, leaving a clear space all around the ribs and over the diaphragm. As the tips of the fingers explored the anterior aspect of the root of the lung, the heart, apparently thrown anterior to the mass of the compressed lung, played distinctly and vigorously on the palm of the hand—

perhaps the first time the living, pulsating human heart was ever grasped by the human hand."—*Ohio Med. and Surg. Journal*.

11. *Persulphate of Iron as an Hæmostatic*.—We abstract from the *American Journal Medical Sciences*, a portion of an article condensed from the *Pacific Medical and Surgical Journal*. Dr. H. H. Toland records three cases in which vessels of considerable magnitude were wounded, in which he employed with entire success the persalt of iron, recommended as a hæmostatic by M. Monsel, surgeon to the Military Hospital at Bordeaux.

"Its action on blood and albumen is powerful, and on blood somewhat peculiar. It produces with the latter a voluminous clot, *absolutely insoluble*, which continues to enlarge, for several hours after its application, and becomes quite hard and firm. The following is the formula by which this salt is expressed: $5 \text{ SO}_3, 2 \text{ FeO}_3$."

"This salt," Dr. Toland states, "if applied to a superficial wound as soon as made, not a drop of blood escapes, and no pain results from the application. It acts by producing instantaneous coagulation of the blood, and will be found invaluable in hemorrhage from the mouth, nose, and throat, when it is impossible to ligate the vessels, and may be equally efficacious in alarming uterine hemorrhages, either active or passive. In solution, it could be readily applied: it is very deliquescent, and dissolves speedily in water."

Should these hæmostatic qualities of the persulphate of iron be confirmed on further trial, it will prove a most invaluable article for surgical purposes. Any of our readers in this city, or convenient to it, wishing to try the persulphate, can procure it at the drug store of Mr. J. KESHAN, corner of Sixth and Walnut streets.

12. *Adherent Placenta*.—Dr. A. Legrand (*Gazette de Hôpitaux* of various dates) asserts that cold water injected into the umbilical vein is efficacious in detaching the placenta in abnormal adhesions, and in dangerous hemorrhages, immediately after accouchement. It is a very simple thing to perform, and can do no harm, though, in some rare cases of adhesion, it is entirely inadequate. *Pacific Medical and Surgical Journal*.

THE
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CONDUCTED BY

E. B. STEVENS, M.D., AND JOHN A. MURPHY, M.D.

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No. 2.

Original Communications.

ARTICLE I.—*Observations at the Ohio White Sulphur Springs.*
By W. W. DAWSON, M.D., Cincinnati.

The medical men of Ohio have long felt the need of mineral springs near home ; of some convenient and meritorious place to which they could send patients of a certain class ; some place combining a healthy location, agreeable scenery, suitable provisions both for comfort and recreation, with mineral waters of undoubted virtue. Attention has often been called, by members of our profession, to the subject,—to the propriety of investigating the mineral springs within our own State ; but as no provisions, legal or otherwise, have ever been made for analyzing them, or testing their curative powers, they have been allowed to rest in obscurity, and physicians who have had patients that they were well satisfied would be most benefited by the use of certain kinds of medicated waters, have been compelled to advise these patients to remain at home and do without the remedy, rather than undergo the fatigue consequent upon a journey to some distant watering-place. Conscious of this great want, the Ohio State Medical Society, during its session at Columbus in 1856, appointed a committee, of which Dr. William Trevitt was chairman, to “report upon the mineral waters of the State.”

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In a report which Dr. Trevitt made to the society at its next session the following judicious and suggestive remarks are found: "From the earliest history of civilization, whether under Christian or heathen dispensation, and long before the light of chemical science had dawned upon the world, medical springs were known, appreciated, and thronged by thousands of anxious invalids, in pursuit of health by imbibing their healing waters, and laving in their luxurious baths, as well as by votaries of pleasure, who, in the enjoyment of their own smiles, reflected from the placid waters, found the fountain of happiness vainly sought by ancient philosophy or modern conventional forms of fashionable society. A long list of names of the most distinguished ancients, graced by those of Hippocrates and Galen, bear testimony to their efficacy; and Celsus, in his eight books on medicine, assigned to kind Nature's pharmacy a high position in the healing art. Our transatlantic brethren, more particularly those of France and Germany, have directed their attention very largely to this important subject, the waters of their mineral springs having been analyzed with great care and accuracy; and those deemed efficacious are thronged with visitors in pursuit of health under the guidance of the most eminent medical advisers; many of these springs enjoying a world-wide reputation in the treatment of disease."

Of the bequests made to us here in the West of these health-giving fountains by the great Father of all, the report says: "There can be no reason to doubt but Nature has been as liberal in the dispensation of her pharmaceutical and medicinal agents, ready prepared from the mineral kingdom, in this country, and adapted to the treatment of disease in its protean forms, as she has been lavish of her favors in other departments of life; and yet, with the exception of a few of the States, the analysis of these waters has been comparatively neglected, or but carelessly performed."

Notwithstanding this inexcusable indifference, some of our States have demonstrated the fact that they possess within their borders springs of marked medicinal qualities, and equal, perhaps, to those found in any part of Europe. The experience of the last few years, but more especially the observations of the past season, show conclusively that in this respect Ohio is not deficient; that

the "Ohio White Sulphur Springs" are entitled to a high position among first-class mineral waters. The remedial virtues of these waters have long been known by those residing in their immediate vicinity; but, through the liberality of the present proprietor, Mr. Andrew J. Wilson, they have, within the past year, been analyzed and brought into general notice.

Having spent some three months of the summer at these springs, and having had somewhat liberal opportunities for studying the effect of their waters upon various forms of disease, as quite a considerable proportion of the large number who resorted to them during that period were health-seeking invalids, we have concluded that it would be but a just tribute to the merits of the place, and at the same time serviceable to the public, to lay the result of our observations before the profession. These observations fully endorse the high estimate which learned men in all ages have placed upon these "fountains of health." In Europe, as before suggested, physicians of decided ability are located at the spas, whose duty it is to apply the waters to disease, watch their influence, analyze their virtues, and determine carefully their value as medicinal agents,—thus obtaining much reliable and valuable information. But in this country such judiciousness has not been observed except in comparatively few instances.

As the principal of these exceptions, however, the White Sulphur Springs of Virginia may be mentioned. For more than twenty years, Dr. J. J. Moorman, a learned man in his profession, has been administering this water in disease, and carefully observing and recording its effects. These observations this gentleman has published in a volume of some three hundred pages,—a work which may be read with very great advantage by both the professional and the non-professional reader. It is an agreeable book, written in a pleasing and unpretending style; but its chief merit is, that it abounds in well digested facts, making an important contribution to our, in this respect, deficient literature.

Number of Springs.

Upon the estate there are five springs, four of which have decided medicinal properties; the fifth is remarkable for the purity of its waters. They, from their chemical characteristics, have been named respectively, *The White Sulphur Spring*, *The Chaly-*

beate Spring, The Magnesian Spring, The Saline Chalybeate Spring, and The Pure Water Spring.

These springs have been analyzed during the past summer by Prof. E. S. Wayne, the result of which will be seen as we progress.

Geological Position, Location, etc., of the Springs.

The springs are situated upon the west bank of the Scioto, near the southern border of Delaware County. The Scioto here presents features so entirely different from those characterizing it in its course from Columbus to the Ohio, that it would be hardly recognized as the same stream. For some distance above and below the springs its current is rapid, its banks being bluff and rocky,—having, in making its way from the higher lands farther north, cut its channel through a heavy limestone, fragments of which are everywhere strewn along its bed.

The country surrounding the springs is situated upon the southern slope of Ohio, some distance from the summit level.

The springs are nearly six hundred feet above the Ohio river at Cincinnati, and about one thousand feet higher than the ocean. This elevation, taken in connection with the fact that the rock is everywhere either at or near the surface, and that the land is beautifully undulated, renders the locality as free from malarious influence as a mountain region.

Geological Position.—The Scioto, as we have before said, here cuts its way through what is known as cliff limestone,—so called from its heavy, massive structure. This formation is present at Dayton, Eaton, Springfield, Hillsboro', and Columbus. It appears above the blue limestone half way between Cincinnati and the springs, and continues at the surface until it is lost beneath the shales and sandstones some distance farther east and northeast. The cliff limestone from which these waters issue is below, and hence it is geologically older than the coal series. Although solid and non-porous in its organization generally, it here abounds in large cavities, as is shown by the existence in the vicinity of numerous conical depressions, known usually as "sink holes," which receive and carry off large quantities of water. Through one of these cavities, at the depth of one hundred and sixty feet, flows the remarkable stream of sulphur water from which the principal spring is supplied. When, some thirty years ago, an

individual who was boring for salt, struck this vein, the water at once arose to the surface, and has ever since flowed with unabated force; the changes of seasons or of temperature producing no effect whatever either upon the quantity of water or the force with which it is ejected. It is now by its own momentum thrown up the hill about one hundred yards, to a beautiful marble receiver.

It is a curious, and at the same time an extremely interesting fact, that in geological position the Ohio White Sulphur Springs correspond with some of the most celebrated mineral springs in the world. As an instance of this suggestive correspondence, we may refer to the celebrated White Sulphur Springs in Virginia. These, like the Ohio White Sulphur, issue from the great Devonian formation, the situation of which is immediately below the coal-bearing series. This interesting correspondence in position, and in the character of the stratæ from which these waters are given, was noticed by Dr. S. P. Hildreth in 1837, when that gentleman was connected with the geological survey of this State. In that part of his report made to the legislature which he devotes to the "Ohio Salines," in referring to those found in Delaware County, he says: "These springs appear to rise in a similar formation to those of Greenbrier valley in Virginia; viz., a carboniferous limestone. There, several weak muriate of soda springs are found by boring; but these deposits are more celebrated for their sulphur springs, than for those of salt water."

The cliff limestone, so rich in all its resources as to give these five sparkling streams, all differing essentially, here rests upon the first of the fossiliferous rocks—the superior layers of the great Silurian system, which, under the name of Blue Limestone, is found underlying all other formations from the Gulf of Mexico to Lake Erie, being continuous and characteristic throughout the entire extent.

THE WHITE SULPHUR SPRING.

Of the five springs the White Sulphur may be ranked of first importance, from its adaptation to a wider range of disease.

Temperature, 52° Fahrenheit.

Prof. E. S. Wayne found the following substances present in the water:

GASES, {		Sulphureted hydrogen,	
		Carbonic acid.	
Chloride of magnesium,		Oxide of iron,	
Chloride of sodium,		Carbonate of lime,	
Chloride of calcium,		Sulphuret of calcium,	
Sulphate of magnesia,		Iodine,	
Sulphate of lime,		Traces of organic matter.	

This, like most mineral waters, is essentially alterative in its action; but it differs widely in its mode of operating with the ordinary drugs of that class. With the salts which it contains held in a state of high dilution, it enters the system, and, coming into contact with the sentient mouths of the absorbents, is carried to the blood vessels, and then by means of the circulation to every tissue of the body. Upon this subject, Prof. John Bell, in his work on "Mineral Springs," says: "In reference to the secondary and remote, and avowedly salutary effects of mineral waters, when we reflect on the large mucous surface of the entire digestive canal, to every portion of which they are applied, and by which they are freely absorbed, thus reaching all the tissues of the animal frame, and bearing in mind, also, the number and variety of the ingredients which enter into their composition, we are prepared to echo the language of a French writer* on the subject, when he says: 'In general, mineral waters revive the languishing circulation, give a new direction to the vital energies, reëstablish the perspiratory action of the skin, bring back to their physiological type the vitiated or suppressed secretions, provoke salutary evacuations, either by urine or stool, or by transpiration: they bring about an intimate transmutation, a profound change in the organism; they saturate the sick body, to make use of the energetic expression of a modern author. How many persons, abandoned by their physicians, have found health at mineral springs! How many individuals, exhausted by violent disease, have recovered, by a journey to mineral springs, their tone, ready movements and energy, to restore which attempts in other ways might have been made with less certainty of success.' " Dr. Gairdner, in discussing the *modus operandi* of mineral waters, says: "The simple circumstance of dilution will certainly facilitate the operation of matters which

* Pateissier, Sur les Eaux Minerales.

might otherwise pass little changed through the alimentary canal ; and from the extremely minute state of division in which the active particles are presented to the sentient mouths of the capillary absorbents, it is more than probable that they are directly absorbed into the circulating mass."

Regarding this water, then, as decidedly *alterative*, the range of diseases in which it is applicable will be apparent : such, for instance, as chronic affections of the stomach, liver, kidneys, bowels, skin, etc. Upon the functions of these important organs it exerts a marked influence—stimulating those which are inactive, and restoring a healthy secretion in such as have departed from a normal condition.

Diseases treated by the White Sulphur Water.

We trust that a frank history of our experience in the application of this remedy to disease may tend to direct the attention of our profession to the investigations of the mineral waters of the West. As before said, the medical men of Europe, and in some localities of the eastern portion of our own country, have studied these agents with great care : they look upon them as important adjuvants to the resources of our art, and are using them with decided advantage in the treatment of many of the ills to which humanity is subject.

Diseases of the Stomach.—These disorders are numerous, and many of them of a grave character, giving to the physician in their treatment much trouble and anxiety ; and often whilst they do not immediately jeopardize life, yet completely baffle all his efforts for a radical and permanent cure.

Dyspepsia.—At the head of these gastric disorders stands dyspepsia, with all its protean forms and varied complications. As persons laboring under this affection are always among the *habitués* of watering places, several well marked cases came under our control, and were treated by this water alone, and with a success, too, which warrants high hopes of its capabilities in disorders of the stomach generally. One of the first indications of a salutary change in these cases was the removal of the constipation, so often a concomitant, if not the cause, of dyspepsia, and which under ordinary circumstances it is so difficult to reach

successfully with drugs. Following this was a gradual restoration of the healthy functions of the stomach; the cardialgia, flatulence, acidity, uneasiness and pain after eating, disappeared one by one, and the appetite finally became normal. A very severe case of dyspepsia, complicated with serious derangement of the nervous system, was presented for treatment; it was of long standing, and had been subjected to various modes of medication without benefit. This case, as will appear, shows the absolute necessity of using the water judiciously, in reference to *the time of drinking it, the quantity to be drank, and the length of time it should be continued*. The gentleman affected, for some weeks after his arrival, consumed the water in large quantities and at irregular periods—at morning, noon, night, and at the intermediate hours. For the first week he had felt better; his liver being aroused; his bowels freely moved, his kidneys stimulated to increased action. But by this over indulgence he had brought on a disturbance such as might be expected to follow the excessive use of remedies of this class. He was advised to discontinue the water for a few days, and, on resuming it, to drink but some four or five glasses before breakfast, allowing himself a half hour's gentle exercise, such as walking, between each draught. Under this course his improvement was rapid, giving him every earnest of a permanent cure. But before the remedy had had time to produce its entire effect, matters of business called him imperatively home. This was a matter to be regretted, for his condition was one well calculated to try the real powers of the water, not only upon the stomach, but in giving tone to a broken down nervous system.

Inaction of the Stomach.—There are many cases of disorder of the stomach where, without positive or at least apparent disease, there is, if we may be allowed the expression, a mere indisposition to digestion, a want of power to some extent in the stomach to perform its functions. The food after eating does not become acid, but remains in the stomach for a time unchanged, producing a sensation of uneasiness, rather than pain: if eructation occurs, the food tastes as sweet as it did before it was swallowed. Associated with these symptoms is generally found an indifferent appetite. In this condition, the water had a most

gratifying effect ; under its influence the appetite in a few days became regulated, and the stomach was aroused from its passive state to one of normal activity.

Acidity of the Stomach.—Among gastric lesions, not amounting to gastritis, or well marked dyspepsia, we often find persistent acidity of the stomach. This acidity does not follow every meal, —sometimes it is felt but once during the day, and again it may not occur more than three or four times through the week. As a general thing, this condition is the forerunner of more serious disturbance ; but in one case which came under observation during the season it had continued for some eight or ten years. The person in whom it occurred remained at the springs until it had entirely disappeared. We saw him also in December, and up to that time he had had no symptom of its return.

The foregoing will be sufficient to indicate to the profession the applicability of this water to many of the more grave disorders to which the stomach is subject.

Diseases of the Liver.—Decidedly marked, also, is the influence of this water in diseases of this organ, and, indeed, as heretofore suggested, in many of the affections of the chylopoietic viscera. Prominent among them, in consequence of its size, importance of function, and its singular liability to disease, stands the liver. In some of the lesions of this gland sulphur water has long been held in deservedly high estimation. The following remarks on the action of the White Sulphur Water of Virginia, by Dr. Moorman, agrees well with our observation in the use of this : “The *modus operandi* of sulphur water upon this viscus is dissimilar, we conceive, from that of mercury, yet the effects of the two agents are strikingly analagous. The potent and controlling influences of the water over the secretory functions of the liver must be regarded as a specific quality of the agent, and as constituting an important therapeutical feature in the value of the article for diseases of this organ. Its influence upon this gland is gradually but surely to unload it when engorged, and to stimulate it to a healthy exercise of its function when torpid. The control which it may be made to exercise over the liver in correcting and restoring its energies is often as astonishing as it is gratifying, establishing a copious flow of healthy bile, a consequent activity of the bowels, imparting vigor to the whole digestive and assim-

ilative functions, and consequently energy and strength to the body, and life and elasticity to the spirit."

Subjected to treatment were cases of chronic inflammation of the liver, of inaction, of engorgement, and of congestion; and although relief was not found in all instances, yet such was the percentage of positive cures in some, and partial in others, that we feel safe in recommending this water to the profession as a remedy worthy of all confidence in many of the more severe forms of biliary disease.

Diseases of the Bowels.—This remedy seemed to have some peculiar power in rectifying disorders of the bowels, possessing certainly a potency in this respect seldom elsewhere seen. Such a case as the following will illustrate what is meant. An old gentleman arrived at the springs in a condition calculated to draw largely upon one's sympathies. For several years he had suffered with dyspepsia of very grave character. Prominent amongst the symptoms was an obstinate constipation, which had resisted all treatment. Under this his system flagged, the secretions had become vitiated; emaciation followed, accompanied by effusions into the cellular tissue and into the serous sacs of the chest. The effusions soon assumed a serious aspect, and became so troublesome as to make respiration painfully laborious. To keep at all comfortable he was compelled to resort, almost daily, to large doses of the most drastic cathartics, to reduce the accumulations of water, so as to render his breathing endurable. In his own language, he had had "to live on nauseous medicines." In this apparently hopeless condition he arrived at the springs. He did not expect to be cured; but his great desire was, to be made comparatively comfortable, and to avoid, if possible, the use of drugs. After drinking the water for a few days with caution, there were evident indications of improvement, which soon became decided: it seemed to be admirably adapted to his case, acting promptly and kindly upon him in every respect, and in time it imparted somewhat of tone and vigor to his system,—it corrected that obstinate constipation, that had resisted the influence of all drugs; it stimulated the kidneys from a scanty to a free and copious discharge of healthy urine; and arrested, for the time he was at the springs at least, the pleuritic and pericardiac effusions. It need hardly be here remarked, that the history of

such a case as the above will do more to inspire the profession with confidence in the *positive* medical virtues of this water than the most ingenious speculations that could be made, or the most plausible theories that could be suggested by the most fertile brain.

The remedy was no less promising, so far as our limited opportunities enabled us to observe, in hemorrhoids, cholera infantum, chronic diarrhœa, etc. Two cases of that painful and troublesome disease, hemorrhoids, were treated by the remedy with advantage. Constipation, the most aggravating and the almost constant attendant upon piles, was soon relieved; and no sooner was relief apparent in this respect than the disease manifested marked improvement. The water, by equalizing the circulation, by rectifying the congested state of the capillaries, produced a salutary change in the rectum.

Affections of the Kidneys.—In these the sulphur water should be prescribed with very great caution, for whilst its influence in some will be decidedly beneficial, in others by directly stimulating the kidneys it will do much injury. Of this latter class may be mentioned albuminuria and Bright's disease. A gentleman, who had been unadvisedly using this water, had an already large amount of albumen in his urine sensibly increased. He was, after his case had been diagnosed, induced to relinquish the use of the sulphur water and resort to the chalybeate spring. He remained at the springs some two or three weeks, during which time the albuminous secretion had been diminished very greatly. But in chronic inflammation of the kidneys, and in defective secretion, other than that already mentioned, the sulphur water may be prescribed confidently.

In one case of deficient and vitiated secretion, dependent upon disorder of the stomach, and a consequent want of proper assimilation, the powers of the agent were in a few days apparent, changing both the quality and quantity of the urine.

Chronic Inflammations.—What we have said of the applicability of this water in chronic hepatitis, nephritis, etc., may be affirmed of most chronic inflammations; such, for instance, as that condition of the mucous membrane of the bowels found in diarrhœa of long standing; that engorgement of the spleen in old cases of ague; that affection of the synovial surfaces of the joints in

persistent rheumatism. The mode by which these lesions are removed are to some extent obscure, like similar questions arising from the action of many of our remedies ; but this much we may affirm, that it stimulates the vessels, supplies deficiencies in the salts of the fluids, absorption is promoted, and the functions of secretion and excretion are brought to a healthy standard.

One severe case of *chronic pericarditis*, associated with pain and a sense of weakness in the region of the kidneys, was successfully treated during the summer. The person afflicted was 19 years of age, had been reared in the country, and a general debility showed that his entire system was sympathizing with the difficulty about the heart, which being of long standing and having proved invulnerable to all remedies, both he and his friends had well nigh ceased to hope for relief. He drank some four or five glasses of the water every morning, and applied it to the surface in the form of warm sulphur baths. After remaining under this treatment for two months, all traces of the affection had disappeared, and he left the springs changed from a weak and feeble condition to one of robust health.

Diseases of the Lungs.—In these the sulphur water should be used with some care, and not until the case is satisfactorily diagnosed ; for whilst it is well adapted in some, in others its tendency will be pernicious. In congestion of the lungs, however, and of the bronchial tubes, where there is no excitement, it may be prescribed with good effect. Chest affections, depending on perverted nutrition, like the following case, may be improved and the disease often held in check, if not cured. In this case there were great emaciation, pain in the left side of long standing, occasional attacks of hæmoptysis, associated with a derangement of the stomach amounting to well defined dyspepsia. The improvement of the patient, who had an extremely delicate physique, will be sufficiently manifest by the fact, that under the influence of the water some fifteen pounds were gained in about twelve weeks.

Tubercular Consumption.—The water in this disease, when once fully established, does not promise well ; and the same may be said of scrofulous diseases generally.

Cutaneous Affections.—The well established reputation of sulphur waters in these affections, and its direct tendency to and its stimulating effect upon the skin, would augur favorably of this

water in surface disorders ; but no well marked case continued its use long enough to thoroughly test its remedial properties.

Chlorosis.—A very serious case of this was brought to the springs, and in some eight weeks its morbid paleness, sharpness of feature, nervousness, palpitation and breathlessness, had given place to rotundity of form, cheerfulness of mind, vigor of body and a rosy-hued complexion. We may be enabled to explain such effects by looking to the efficacy of the agent in reëstablishing the broken down functions of nutrition, as well as by the iron found in its composition ; but, as a general thing, such anæmic conditions were most benefited by another spring—the *Chalybeate*.

Rheumatism.—The sulphur water is highly esteemed by those who have resorted to it in earlier years for rheumatism ; but the past summer furnished little by which its virtues in this respect could be computed. But applied in the form of hot, warm, and steam sulphur baths, with its internal use, we have no doubt but that it will sustain the reputation which such waters have long had in rheumatic and gouty affections.

Dropsies.—In speaking of the effect of the water upon diseases of the bowels, we referred to a case in which, under its use, effusions within the serous cavities of the chest were arrested. Some salutary changes were effected, also, in the only case of ascites which was at the springs during our stay ; but the subject of it only remained a week—a length of time not sufficient in which to receive any permanent advantage.

The Water without its Gases.

There were cases observed during the season that were most benefited by the water after being deprived of its gases. Fresh from the spring, in these instances, its influence was not salutary : the tongue became slightly furred, thirst unusual manifested itself, together with a sense of fulness about the head,—showing that the agent used was of too stimulating character. But in these cases it was gratifying to find that, from drinking the water after it had been standing long enough to lose its gaseous properties, none of these unpleasant symptoms presented themselves. The non-gaseous water acted kindly, and in time produced effects peculiar to it when taken fresh from the fountain. To this course we were led by having before us the twenty years' observation of

the venerable Dr. Moorman, who, in his work, devotes a chapter to the discussion of the "Relative Virtues of the Saline and Gaseous Contents of the White Sulphur Water." In that chapter he shows that a judicious discrimination is essentially necessary in this respect; that whilst most persons may take the water as it flows fresh from the spring, others should not drink it until after its gases have had time to escape.

Some Suggestions as to best Manner of Using the Sulphur Water.

It would be well for all who visit the spas to remember that mineral waters, whether pleasant or unpleasant to the taste, are medicines, and as such should be treated. No rational person who wants the effects of a certain drug would take it at all times, under all circumstances, or whenever he happened to be near it; nor would he go upon the principle that the more taken the better, but he would take it according to some specific rule, and with both caution and fidelity. *This is not more true of ordinary drugs than it is of mineral waters.* Yet there were many persons who resorted to the springs for the benefit of the water, who drank it without thought or system, *in large quantities—in small quantities, at any and at all hours*—before and after meal—on getting up in the morning, and on going to bed at night; and among those who used it in this reckless manner not a single person is remembered who was essentially and permanently benefited. This, like mineral waters of its class, is an extremely delicate agent, and requires much cautiousness in its application, that the system may be kept *delicately sensitive* to its influence; for an excessive use of such agents blunts this susceptibility, and renders them inert.

To illustrate what is meant, we may remark, that those persons who drank large quantities were at first gratified with its purgative effects, but, on continuing its use at all hours of the day, they were soon disappointed even in this respect; whilst those who used it in small quantities, but irregularly also, were equally disappointed because it did not produce at once some extraordinary change or constitutional revolution. On the contrary, those who drank the water judiciously, and thus kept their systems sensitive to its impression, were always gratified with the result.

It will be at once apparent, that in prescribing such a remedy no definite rules can be given: we may suggest some general

directions, yet modifications must be made to suit special cases, in reference to—

The time of drinking,

The quantity to be drank,—and

The length of time its use should be continued.

The Time of Drinking.—In the large majority of cases the water was used principally before the fast of the morning was broken. The propriety of resorting to the spring thus early will be readily appreciated—the stomach is empty, and having had the long rest of the night, it will be in better condition to receive and appropriate the remedy at this, than at any other hour of the day. A couple of glasses were usually directed to be taken before dinner—say at 12 M., if the person dined at 2, and breakfasted at 7 or 8 o'clock, thus allowing sufficient time for the complete digestion of the morning meal. In a case of dyspepsia, the water was used at meals alone, and with the happiest result; it seemed to agree best with the patient taken in this manner. But as a general rule the plan of using it at meals, with invalids especially, was not advantageous. Upon this subject Dr. Moorman says: “Now and then advantage is derived from using the water at meals, and sometimes a tolerance is established for it in this way which cannot be achieved by any other.” To persons in health at the springs these precautions, of course, are not necessary; becoming very fond of the water, they often relish it keenly whilst eating, and, what is very remarkable, with some it supercedes, for the time being at least, their taste for coffee and tea. Could it destroy permanently the desire for these two questionable beverages, with many it “would be a consummation devoutly to be wished.”

The following remarks from the work of Prof. John Bell, on “Mineral Springs,” forcibly illustrate the propriety of a careful selection of the hours at which to use mineral waters: “An invalid may drink a moderate quantity of the water before breakfast with comfort and advantage, but not be able to do the same before dinner with equally good effects. He may be able to take the water both before breakfast and dinner, and yet if he drink in the evening he will perhaps have a restless night, and be worse next morning than he had been twenty-four hours before.”

Quantity of Water used during Twenty-four Hours.

No very definite rule could be laid down for the government of the patient in this respect, the efficient quantity depending upon the person; habits, age, sex, character of disease, etc. A gentleman who was afflicted with congestion of the liver, accompanied by constipation and indigestion, was directed to use from four to five glasses before breakfast, with an interval of twenty to thirty minutes between each glass. Under this quantity, in about two weeks his bowels became regular, his appetite good, and the clear hue imparted to his skin indicated the relief which had been given to the liver. There were some who took not more than two glasses before breakfast, and the same number before dinner, with marked benefit. Again, there were others who required from six to ten glasses during the day to produce the full alterative effects requisite to a cure.

One of the most reliable indications for moderating the quantity was an undue secretion of urine; an alterative action being generally obtained by an amount which, whilst it increased the discharge of urine, did not stimulate the kidneys to an unhealthy activity. Dr. Moorman, from whose work we have so liberally quoted, gives the history of a case full of instruction upon this point. It was that of a gentleman who had been under treatment for a "complicated stomach and neuralgic affection," and "had used the water twelve days in small doses with happy effect." "I did not see him," says Dr. M., "for two or three days, and then casually met him. I was astonished to find him greatly changed for the worse. His appetite, before good, had almost entirely ceased; his system was irritable and feverish; could not sleep at night; and in every respect was sensibly worse; had begun to despair, and proposed leaving for home, as he was 'satisfied the water was not agreeing with him.' I accused him of impropriety in diet, or of other imprudencies; but he satisfied me that he had followed my directions in all 'such things,'—but he had so far varied from my advice in the use of the water as to take *sixteen*, instead of *six* glasses daily for the last few days. I advised this gentleman, as I would all others who have committed a similar 'debauch' on cold water, to discontinue its use entirely for a time—take some opening medicines, and then return to the use of it in rational doses. This plan was pursued by him, and

with the happiest results." A case somewhat like the above came under our notice during the season, reference to which is made under the head of diseases of the stomach. The subject of it was afflicted with a grave disorder, involving both the stomach and nervous system, and for some two weeks after arriving at the springs he drank the water in large quantities, and at irregular periods. At the end of this time, we found him fast growing out of conceit of the remedy. He had come to the conclusion that, instead of benefiting him, it had produced more or less excitement, and had made him restless. He was advised to lessen the quantity, and take what he did at definite hours. As long as he pursued this course, he gained relief, and had an earnest of a permanent cure.

The only way, however, to determine the efficient quantity is by intelligently noting its effects, by studying critically the case under its influence; by beginning thus cautiously, a few days enabled us to determine the matter. Again, the quantity will depend upon the effect to be produced: more being required to produce purgation than to promote an alterative action; less was necessary to act upon the kidneys than to stimulate the skin; and although a few small doses daily were found efficacious in chronic diarrhoea, yet large and frequent draughts were essential in some of the disorders of long standing.

Length of Time the Water should be Used.

The length of time which patients, to whom this water promises well, should continue under its influence, must of necessity vary greatly. Some were cured in *four weeks*; others were compelled to use it for *two months* before being restored to health; others obtained the same result in six weeks,—and there were those who, afflicted with mild forms of disease, obtained the full effect of the remedy in two weeks. What we ordinarily call functional diseases were often promptly relieved in a few days.

Sulphur Baths.

The utility of baths in many forms of disease is well understood, but we think we may claim for sulphur water more than ordinary excellence in this respect; when applied in the form of *warm* or *hot baths* its influence upon the skin being well marked and well defined. The reputation of such waters in diseases of the skin

proper has long been established, but in this connection we desire to direct attention, more particularly, to the action of this water upon the skin where it is suffering from a disorder of some of the principal organs of the body; such as its dry, scabrous state, found in duodenal dyspepsia; or that husky, sallow complexion belonging to chronic hepatitis; or that passive state of its capillaries in dropsy; or that inactive condition left by the more grave forms of fever. Upon the skin under such circumstances the influence of the sulphur baths was singularly satisfactory, imparting tone to the entire surface, stimulating its vessels, bringing back its wonted softness, and reëstablishing its natural hue. The influence of such changes in this important tissue in the treatment of diseases need not here be insisted upon.

THE CHALYBEATE SPRING.

The water of this spring is beautifully clear and sparkling.

Temperature, 56° Fahrenheit.

The analysis shows it to contain *iron* in two forms; viz.—

Sulphate of iron,	Oxide of iron.
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It also contains—

Carbonic acid gas,	Carbonate of lime,
Sulphate of magnesia,	Potassa,
Chloride of calcium,	Sulphate of lime,
Iodine,	Traces of organic matter.

This water, like all of its class, is essentially tonic, and as such was used in cases of debility, anæmia, etc., with advantage. As an adjuvant to the sulphur it is of first importance; for in several patients treated principally by the latter, there was great benefit derived from the bracing, invigorating influence of the chalybeate. Some cases, after having had an alterative effect produced by the white sulphur, were placed upon the chalybeate for the completion of the cure. Thus draughting upon two different waters in the treatment of certain forms of disease is a frequent custom in Germany, where a person, after remaining under the influence of an alterative water until his disordered and vitiated secretions are corrected, is sent to some distant spring, which, by its tonic powers, may invigorate his enfeebled system. Here such change may be made when necessary without much trouble, as the

two springs of opposite qualities are upon the same estate, and distant from each other but a few hundred yards.

Our opportunities for studying the effects of the chalybeate water, when employed by itself, were limited to a few cases; hence, most of what we shall say of it will be merely suggestive. But, limited as were our observations, they were yet sufficient to justify us in recommending this to the profession as a first-class spring of the kind. The iron here is in better association than is usually seen in this country; for in most places where limestone abounds—and it is almost everywhere throughout the West—the carbonate of lime found in chalybeate waters is so great as to render them as remedial agents completely worthless, if not positively hurtful.

As an independent remedy, by imparting its iron and its various salts to the impoverished blood, it will be found peculiarly adapted to many of the diseases seen every year at watering places; such as anæmic conditions, chlorosis, the early stages of scrofula, amenorrhœa, dysmenorrhœa, some of the lesions of the kidneys, etc.

The gentleman heretofore spoken of whose urine contained a large amount of albumen, and who was also suffering with a very severe sympathetic affection of the lungs,—so severe, indeed, that it had been looked upon as the original disease,—derived great benefit from this water. After resorting to this spring for two weeks, the secretion of albumen was diminished one-half. A person afflicted with scrofulous disease, while resorting to this spring, increased in weight some fifteen pounds.

THE MAGNESIAN SPRING.

The water of this spring has a bitterish taste, resembling a dilute solution of epsom salts.

Temperature, 54° Fahrenheit.

The analysis shows that with the

Sulphate of magnesia

the following substances are associated:

Chloride of calcium,

Oxide of iron,

Sulphate of lime,

Earthy phosphates,

Carbonate of lime,

Iodine, small,

Potassa, small,

Traces of organic matter,

Carbonic acid gas.

This spring, it will be observed, resembles in its composition some of those that have long been esteemed for their remedial virtues; but as an aperient only did we use it, and of its powers farther we cannot speak. In this respect—that is, as a laxative—we employed it in some cases in connection with the White Sulphur, and in others it was associated with the Chalybeate.—The evacuations produced by it were of good consistence, not watery like those following generally the use of saline cathartics.

The existence here of these three springs, the *White Sulphur*, the *Chalybeate*, and the *Magnesian*, forms a combination of much promise; they will enable the physician to adopt either an evacuating, tonic, or alterative plan of treatment. He may in cases of great debility combine the tonic and alterative; or in an opposite condition, where there is too much excitement, he may replace the tonic by the aperient; and again, where he is using the Chalybeate, he may require the laxative influence of the Magnesian. Dr. James Johnson, in his “Pilgrimages to the Spas in pursuit of Health and Recreation,” thus refers to a similar association of remedies: “It is often found to be beneficial to combine tonics, alteratives, and aperients in the same formula or prescription, in order that the three indications alluded to may be simultaneously accomplished. It is undeniable that some of the spas contain within themselves this combination of chalybeates, aperients and alteratives, either of which ingredients can be increased at pleasure on the spot.”

THE SALINE CHALYBEATE SPRING.

Temperature, 55° Fahrenheit.

This spring during the past season was not resorted to, as it had not been improved or brought into notice. It was, however, analyzed in November last, by Prof. Wayne, and found to contain—

Sulphate of lime,	Oxide of iron,
Sulphate of magnesia,	Carbonate of lime,
Chloride of calcium,	Traces of potash,
Traces of organic matter.	

It will be seen by comparison that these springs resemble, in their composition—in the salts and gases which they contain,—

the far-famed Bedford Springs. There, as here, there is a Sulphur, a Chalybeate, and a Saline Chalybeate.

THE PURE WATER SPRING.

The remarkable purity of this water, although issuing from beneath a ledge of limestone, gives it claim to a passing notice here. The analysis by Prof. Wayne shows it to possess but a trifle, if any, more solid matter than is found in that of the Ohio river.

Positive Curative Virtues of Mineral Waters.

It is said by the incredulous, and more especially by those who have had no experience in their use, and those also who have neglected the literature of mineral springs (confessedly light in this country, but full and reliable in many of the States of Europe), that the recoveries which occur at the spas are more to be attributed to fresh air, change of scenes, genial society, etc., than to any independent remedial virtues in the waters. Now, although much good may and does result from such surroundings, —and they are, without doubt, in many instances important adjuvants,—yet it is certainly demonstrable, that these waters possess curative powers over and above such circumstances; that these powers produce effects direct and positive, and that many cases are cured by them alone, without any such extraneous aids.

There are, amongst those who have been benefited by resorting to springs, many who have had, when at home, all the advantages arising from cheerful company, beautiful scenery, and fresh air. There are those also who, instead of being amused and kept cheerful, are gloomy and low spirited whilst using the water,—or, at least, until they perceive that it is benefiting them; and, again, there are those who come from rural districts, from salubrious localities, and who have been surrounded with all the comforts of a pleasant country residence. The same may be said of its decided effects with persons confined to their rooms, which are often small and illy ventilated,—of merchants who are restless, irritable and anxious, on account of being away from their business affairs,—and of the despairing hypochondriac, who, “despondent, dejected, misanthropic and fidgety,” is ever tormenting himself with his hopeless imaginings and gloomy fore-

bodings. When these waters exert a salutary influence upon such as the foregoing, we may, without hypothesis, conclude that they are potent agents, and that they possess *per se* efficient power for the eradication of diseases of grave character. Of mineral waters as curative agents Dr. S. Hanbury Smith, a gentleman who has had extensive experience, and who is therefore qualified to estimate them properly, in his work on "*Medicinal Mineral Waters, Natural and Artificial*," writes thus: "*That there is a large series of chronic diseases, and anomalous disordered conditions, best cured by the use of mineral waters, and a similar series often incurable by any other known means, is a postulate which will undoubtedly be granted by every practitioner of reputation throughout the whole continent of Europe. That, moreover, in another series of cases, mineral waters efficiently aid ordinary therapeutic measures, and that in a fourth the effects produced by their employment afford a valuable source of diagnosis, will be as readily granted.* The well established facts, the long catalogue of observations recorded by competent observers, leave no room for dispute or cavil about the truth of these propositions. After all, there is nothing more wonderful in the curative powers of the compound medicine called a *mineral water*, in those cases in which it is specially indicated, than there is in the admitted virtues of the time-tested compounds of the pharmacopœia, when similarly administered. Carlsbad water is as much the best medicine in some cases, as sulphate of quinine is in others; when all our ordinary chalybeates fail, the administration of the same or even a much smaller dose of iron, in some such combination as is afforded by Pyrmont or the Ferdinands-quelle of Marienbad, shall gladden us with its happy effects. In fact, in mineral waters Nature has presented us with an extensive range of *præparata et composita*, containing the same ingredients that we are daily prescribing, only compounded according to formulæ of her own." Upon the same subject, Dr. Bell has said: "Nor do we find the cure of many diseases at watering places, by drinking the waters, confined to those who have left the crowded city and its unwholesome air. The inhabitants of the country are often equally benefited by the same course of treatment, although they cannot be said to enjoy the additional advantages of change of air and of rural scenes obtained by the other class. . . . On the other

hand, the dull, unlettered clown, or the exacting logician and mathematician, will often come away cured of their dyspepsia, torpid liver, rheumatism, or long-endured cutaneous disease, to whom society would be more irksome than agreeable." "Animals, moreover," remarks our author, "have been evidently cured of obstinate maladies by this means, without our being able to divide the credit of the cure with country air, change of food, and pleasant company." The interesting case of disease of the serous envelope of the heart, mention of which is made under the head of chronic inflammations, is peculiarly significant in this connection, as illustrating forcibly the inherent remedial powers of the sulphur water. The young man affected had been reared in the country, in a healthy region, and the change of his rural to that of spring life was far from being agreeable; he was diffident, lonely, avoided society, and it was only by the constant exertion of his friends that he was kept at the springs; and even after the water had made a favorable impression upon his illness, he insisted upon returning home,—and, in fact, until the completion of his cure he remained in the same dissatisfied and cheerless condition. Important as are heartsome associations, a contented and especially an agreeably occupied mind, in any plan of treatment, and much as such a mental state unquestionably facilitates in many instances the cure, yet here was a complete recovery from a severe and complicated illness effected by the water alone, without any of these important adjuvants.

Medication during the Use of the Water.

In many instances it was found best to anticipate the use of the water by a simple cathartic, and there were some cases in which obstructions existed, which had to be removed before the water could have its entire effects. Connected with a chronic inflammation was found a well marked intermittent fever. This, of course, had to be treated by the usual remedy, and entirely removed, before the water could reach the original lesion.

Upon this subject Dr. James Johnson, from whom we before quoted, says: "Thilenius, contrary to the custom of most of the spa doctors, admits that, although the waters alone cure many disorders, yet in a great many cases appropriate medicines are absolutely necessary. He contends, however, and, I believe, with

justice, that *many diseases give way to the combination of the waters and medicines, which resist the latter, if unaided by the former.*"

—Before concluding our paper, we cannot refrain from offering a few suggestions to a class of persons who, although not strictly invalids, yet need annually the influence of such waters.

It may be laid down as a general rule, that all business men of close, laborious habits, and especially those whose pursuits confine them within doors, have more or less disorder of the liver and of the digestive organs generally. Each succeeding season of labor renders the recuperative powers of the system more and more feeble, until at last, without something is done to prevent the effect of these annual draughts upon vitality, what was mere disorder assumes the form of positive disease. To such, waters of this kind are peculiarly adapted, and from their judicious use more real benefit may be derived, in a prophylactic way, than from all the drugs that could be given.

Many professional men, like the laborious merchant, by hard work, sedentary habits, by neglecting to keep up a proper equilibrium between mental and physical labor—overworking the mind at the expense of the body,—are overtaken by a similar train of ills, prominent among which stand incipient disorders of the liver, slight bronchial affections, occasional attacks of indigestion, frequent instances of defective action of the kidneys, and almost constant dryness of the skin: all harbingers of serious trouble, not far off in the future. Not feeling sufficiently indisposed to place himself under the care of his physician, yet conscious that he needs recreation and something to give tone to his worn system, and to reinvigorate his exhausted energies, that professional man will be fortunate who, in seeking a resort during the summer for a few weeks of rest, shall find also, at the same time, a remedial agent already prepared to his hand, admirably adapted to remove those premonitory symptoms of very grave disease. During the past season a number of facts bearing upon the above were observed by us. The judicious administration of these waters, but particularly the sulphur, imparted a degree of vigor and freshness in such persons, that was truly gratifying; they felt, as it were, rejuvenated, and that they had a firmer hold upon life.

A third class, who will be saved from permanent and at last fatal disease by a timely resort to mineral springs, includes those ladies, old, young, and middle aged, who have been living inactive lives, and such as have been indulging in irregularities in eating, sleeping and in exposing themselves to cold and dampness, and who have produced by such habits an instalment of the earlier indications of some of the diseases peculiar to females; such as paleness, loss of appetite, debility, leucorrhœa, disorder of the menstrual functions, etc., etc.

Finally, in all the walks of life, cases occur where there seems to be no active disease, but where the person is troubled with languor, lassitude, paleness, general weakness, and an indisposition to exertion, however slight, whether of work or amusement—a condition this side of hypochondriasis, but bordering upon and tending towards it. Such a situation is as unpleasant, if not as painful, as well marked disease; but after the use of the sulphur water for a few days the liver was excited to an active state, the dry skin was rendered moist and soft, the kidneys were aroused to an unusual secretion, the bowels were regulated, the appetite became imperative,—in fact, the whole system was revolutionized, a keen relish took the place of indifference, and the man returned to his business with new zest—with an enthusiasm akin to that felt in the earlier years of manhood.

To such conditions of the body mineral waters of the alterative class are singularly suited. One so afflicted might in vain resort to ordinary medication, but be speedily relieved by a remedy of "God's own composition," (as medicinal springs have been termed by Paracelsus,)—entering, as it does, the system in a state of perfect solution, it is absorbed, enters the blood vessels, and by them is carried to every part, it reaches every tissue, every fibre, thus saturating, as it were, the entire organism.

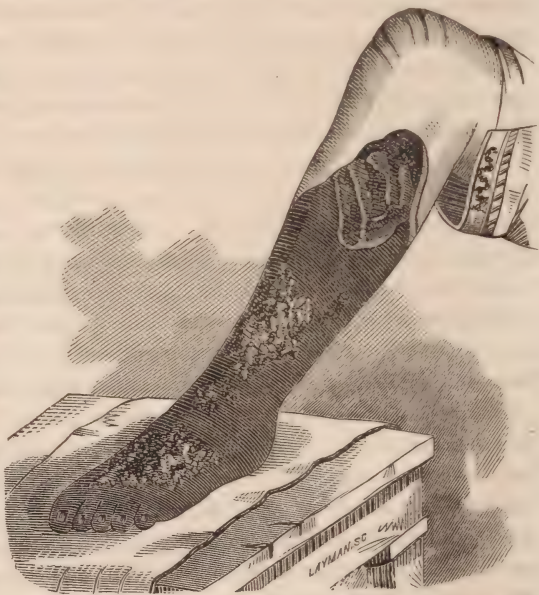
Favorable as seems this comparison to mineral water, it may yet not be considered partial, extravagant, or unsupported by facts. It is but a just tribute to that Wisdom which arranged and combined the ingredients of these waters, and to that Goodness which sent their crystal streams sparkling to the surface, to be within man's reach, to freshen and to purify him, and to tempt him from the shrine of Bacchus to that of Hygeia.

ART. II.—*A Case of Puerperal Gangrene: with Observations.**

By GEO. C. BLACKMAN, M.D., Prof. of Surgery in the Med. Coll. of Ohio, and Surgeon to the Cincinnati Commercial Hospital, Cincinnati.

On the 12th of August last, I was requested by my friend Dr. Wade to visit a patient under his care, eighteen years of age, and who had been delivered of her first child on the 31st of July preceding. According to the patient's own reckoning, she was but eight months pregnant at the time of her labor, which was less than two hours in duration. This was completed on Saturday morning, up to which time her health had been good. On Sunday evening she was attacked with puerperal convulsions, which continued for forty-eight hours. She did not recover her consciousness until Thursday evening, when she complained of coldness and numbness of both lower extremities. These were soon followed by excruciating pain in the limbs, and on Saturday—one week from her delivery—the left foot and leg became suddenly of a livid color, the discoloration extending from the toes to a short distance below the knee in the course of fifteen minutes from its first appearance. The most liberal use of opium often failed to give relief to her suffering.

At the time of my first visit a line of demarcation had formed on the left leg, and the accompanying cut is from a daguerreotype sketch taken during the same day. I was unable to detect any pul-



* The substance of this paper was read before the Cincinnati Medical Society, at its meeting in September.

sation of the femoral artery on either extremity. She complained bitterly whenever pressure was made along the course of the femoral vessels. The right foot and leg were œdematous, and their temperature below the natural standard. Elevation of the limb, and the application of cotton batting soon restored this to a more normal condition.

The mortification continued to invade all of the soft parts below the line of demarcation, and, on the 12th of September, assisted by Drs. Tripler, Foster and Dodge, I amputated the limb, cutting through the mortified portion only, in close proximity to the living parts. In forty-eight hours, the stump presented a healthy granulating surface, and her general condition continued daily to improve for several weeks. A nutritious diet, morphia, chlorate of potassa, alternating with the hydrochlorate of ammonia, constituted the basis of our treatment. The discharges by the vagina were at times very offensive, requiring weak injections of nitrate of lead. Although the femoral arteries continued impervious, there was no disposition to a renewal of the gangrene. Her mind was often cheerful, yet the slightest neglect of her wishes by her attendants would throw her into a state of great excitement. Her paroxysms of rage would frequently amount to insanity. Long after our anxiety had ceased about the recurrence of gangrene in her extremities, she was compelled to pass through many trying scenes, which at length resulted in her death, just four months from the attack of her puerperal convulsions, and twelve weeks after the removal of her limb. From the time of her delivery to her death, she was removed no less than four times,—once from Covington to Cincinnati, and three times in the city. One of these changes became necessary in consequence of the sudden destruction by fire of the house in which she was lodged. A combination of circumstances kept her mind in almost constant agitation, and one week before her death a paroxysm of mental excitement was followed by syncope, which nearly proved fatal. My own health being impaired at the time of her death, Dr. Lassing had the kindness to make the autopsy, in which he was assisted by Professor B. F. Richardson. The uterus was healthy. The abdominal aorta was completely obstructed by fibrinous clots, the obliteration extending from two inches above its bifurcation, throughout the iliac, femoral, popliteal, and tibial arteries of the right extremity, and the

same vessels to the end of the stump on the left side. The iliac and femoral veins were also filled with firm coagula, but, like the arteries, presented no discoloration of their lining coats, or other traces of inflammation. The right ventricle contained a large mass similar to that found obstructing the aorta and femoral arteries. A portion of it extended into the pulmonary artery; and to this latter cause we attribute her death.

Cases of cerebral gangrene, resulting from obstruction of the cerebral vessels by detached "cardiac vegetations," have been reported by Kirkes, Ruhle, Tuffnel, Burrows, and Virchow. Mr. Paget has also collected a number of cases in which pulmonary gangrene was attributed to the same cause; but of the seventeen cases collected by him, none occurred in the puerperal state.

I confess when I first saw my patient I was not aware that mortification of the extremities had ever been observed in the puerperal state. Since my attention has been directed to the subject, however, I find that it has been discussed by Prof. Simpson, in the second series of his *Obstetrical Memoirs*; and by Virchow, in his *Gesammelte Abhandlungen*, etc., published at Frankfort in 1856. During the past six months, also, a series of papers by Charcot and Bawl has appeared in the *Gazette Hebdomadaire*, in which may be found an excellent summary of what has been recorded upon this subject. Dr. Benjamin Ward Richardson, also, in his recently published Astley Cooper Prize Essay on the cause of the coagulation of the blood, has particularly referred to the influence of the puerperal state in favoring the deposition of fibrin during life; and his remarks in reference to the matter under consideration are worthy of careful study.

There is abundant evidence to show that gangrene of the internal organs, or of the extremities, may be produced by the plugging of the arteries which supply them with blood; and the next question that presents itself is, what is the condition of the blood, or of the arterial coats, which favors the formation of the fibrinous deposits which thus occlude the vessels? Formerly nearly every case of spontaneous gangrene was referred to a fatty or osseous degeneration of the arterial coats, and such mortification was supposed to be peculiar to old age. At length cases were reported occurring even in children, and we suppose that most physicians, who have been long engaged in practice, have met with the disease in persons

under fifty. Dupuytren and Syme have strongly maintained that it is due in all cases to arteritis, an inflammation of the lining coat of the artery. Now the experiments of Virchow, and more lately of Mr. Henry Lee, of Kings College Hospital, London, have proved that both chemical and mechanical irritants produce their effects only on the external and middle coats of arteries, and on the outer coats of the veins. It has been found to be a matter of great difficulty to produce, by experiment, an effusion of lymph on the non-vascular lining membrane of arteries; but when once the inner lining has been detached by violence, or removed by disease, the tendency is very strong towards the formation of fibrinous deposits, which may be lodged in any of the organs to which such artery may be distributed. Dr. Oke, of Southampton, England, has reported a case in which the brachial artery became suddenly obstructed after abortion, which obstruction he attributed to the spontaneous rupture of the inner coat of the vessel, and the projection of its edges into the tube. He bases his opinion upon the fact that no abnormal action of the heart could be detected when the obstruction in the left axillary artery took place, nor subsequently, the patient having recovered with the loss only of the integument of the thumb and fingers. Although this case is quoted by Professor Simpson, under the head of "Arterial Obstruction from Spontaneous Lacration, and Corrugation of the internal coat of the Arteries," I feel inclined to question this explanation of the case, for in my own patient Professor Lawson was unable to detect any thing abnormal about the heart, and I believe I shall, in the course of my remarks, furnish a more rational view of its pathology. The general fact, that a detached inner coat does favor the obstruction of the artery, cannot be questioned, for it has been well established by experiment, and illustrated by disease.

Without discussing at greater length the general etiology of spontaneous gangrene, let us inquire for a moment into the condition of the puerperal patient, so far as the blood is concerned. The researches of modern pathologists, among whom we would especially name Professor Braun, of Vienna, have shown that, in the latter part of pregnancy, there is a diminution of the red globules of the blood, and an excess of fibrin, as in acute rheumatism, or albuminuria. This disproportion is even increased for a short period after delivery, and may give rise to the formation of

fibrinous deposits, which shall be carried into the circulation and produce obstruction of the pulmonary artery, as occurred in the six cases of pulmonary gangrene detailed by Professor Simpson. The remarks of Dr. Richardson in the Prize Essay already quoted, page 429, corroborate the observations of Professor Braun. Speaking of the deposition of fibrin during life, he adds: "The puerperal state, before and immediately after parturition, stands in the same category, and this without the absolute necessity of acute inflammatory disorder. The puerperal state is second to none in this particular, and the symptoms of concretion are often as insidious as they are sudden. I do not speak here of puerperal phlebitis, and of deposits in the veins, but of cases where there has been no untoward sign, either during pregnancy or after parturition, and where the woman suddenly succumbs, without any preliminary indication of acute disease."

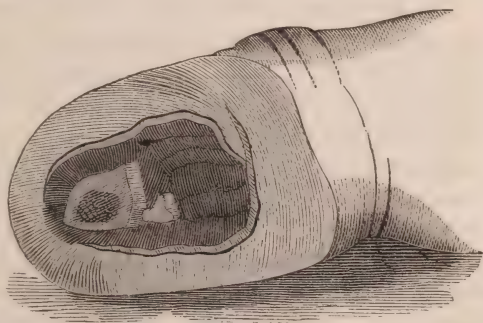
My patient, it will be remembered, suffered forty-eight hours from the convulsions due to the uræmic intoxication of the blood, nor did she recover her consciousness for four days. The lesion of innervation connected with this cerebral disturbance, and the hyper-fibrinous condition of the blood, seem sufficient to account for the gangrene which followed. We all know the powerful influence of paralysis in causing local gangrene, and the next point which we should like to determine in our case is, in which class of vessels were the effects of the poisoned blood first manifested. We should naturally expect to find the most distant and dependent part of the circulation first affected. In the treatment of aneurism, when the surgeon desires to promote the deposition of fibrin in the sac, he adopts such measures as will most effectually lower the force of the circulation. The enfeebled condition of the capillaries can readily be imagined in a patient suffering from the profound cerebral lesion which existed in our case, and we should expect these first to become obstructed by the fibro-albuminous deposition. Accordingly we found that the integuments first died, and afterward, as in senile gangrene, the cellular membrane, bone tendon, etc.

The early closure of the femoral artery, which has so generally been observed in these cases, gives an opportunity to those emerging from the pelvis, and in a less direct line with the obstructed arteries of the leg, to supply the integuments, and thus maintain

their vitality. The severe pain experienced in most of these cases has been satisfactorily accounted for by the experiments of Virchow, and Mr. Henry Lee. They found that the same excessive pain was produced whenever they injected the arteries with fluids which did not readily pass into the veins. I find in most of the cases reported of spontaneous gangrene of the lower extremities, that the left is most generally affected. When the arterial obstruction is due to detached fibrinous deposits, Virchow explains this greater frequency on the left side, by the fact that the left iliac artery leaves the abdominal aorta at a less angle than the right.

Those who have perused the interesting experiments of Dr. Richardson, recorded in the treatise from which we have already quoted, showing so conclusively the solvent properties of the alkalis in these fibrinous concretions in the blood vessels, can appreciate our selection of the hydrochlorate of ammonia and the chlorate of potassa as the basis of our internal medication. Under more favorable hygienic circumstances, we believe that our patient would have recovered. Our faith in this alkaline treatment has been still more confirmed by a very interesting case of spontaneous gangrene in both hands of a patient at present under our care, but as we hope soon to record the perfect recovery of this patient, we will defer further comments upon the case.

We presume that many of our readers have never had an opportunity of seeing a stump left by nature's amputation through the leg. The annexed wood cut represents the appearance of the stump of our patient at the time of her death, the bone having been removed on a level with the granulating surface.



In our removal of the limb by cutting through the dead parts only, it will be observed that I acted in accordance with the following rule laid down by Mr. Guthrie, in his *Commentaries on Surgery*, Lond. ed., 1853, p. 45: "When from some cause or other

amputation has not been performed, and the mortification has stopped below the knee, it is recommended to amputate above the knee after a line of separation has formed between the dead and living parts. This should not be done. The amputation should be performed in the dead parts, just below the line of separation, in the most cautious and gentle manner possible; the mortified parts which remain being allowed to separate by the efforts of nature, a joint will be saved, and have a much better chance for life."

The strongest advocates of amputation above the knee after the line of demarcation has formed, would have shrunk from such a proceeding in a patient so enfeebled as our own, for she would have expired upon the table. The immediate improvement which followed the adoption of the above principle, and the excellent stump made by nature, leave no doubt in our mind that the same rule should generally be observed after the line of separation has clearly formed. It is that which for some years past I have adopted, and which I always inculcate in my lectures on surgery.

ART. III.—*Hereditary Syphilis*. By J. P. JUDKINS, M.D., Prof. of Anatomy in the Medical College of Ohio.

The December (1858) number of the *London Lancet* contains an interesting article upon this subject, by V. De Meric, Esq., surgeon to the Royal Free Hospital, and to the German Hospital, Dalston. It forms one of the Lettsomian lectures, delivered before the Medical Society of London.

He details a number of cases, and calls upon the profession to report their observations, in order to build up positive data upon this subject.

Although we agree with M. De Meric in his general views upon the nature and treatment of syphilis, yet we cannot join him in his method of observation, or in the conclusions arrived at in reference to the remote period after birth at which he finds syphilis in the child as hereditary, or with the application of some of the cases adduced by him, to prove that the mother in a majority of instances escapes contamination whilst carrying an infected fœtus in her womb.

This subject is one of great importance in medicine, but which, I

regret to say, on our side of the Atlantic does not seem to receive the attention which it deserves ; and yet I will venture the assertion that syphilis is fraught with more evil to humanity than any other single disease whatever.

With us, many practitioners are in the habit of stopping too soon in their work of cure ; contenting themselves with combatting the primary symptoms of the disease, or, at most, its secondary manifestations. These disappear, but, if the treatment is not persevered in, other and graver symptoms will inevitably appear in the regular evolution of syphilis.

Certainly, there is no disease to which mankind is liable that has a more destructive influence, destroying the health of the most vigorous man, contaminating his companion, and poisoning the product of their mutual love. This remark flows from the belief which I entertain, that a man having constitutional syphilis, and who has undergone a treatment merely sufficient to remove existing manifestations, then pronounced cured by his unfortunate medical adviser, contracts a marriage and procreates a syphilitic child, which, during utero-gestation, contaminates the mother, previously healthy. The poor husband and father is guiltless : having full confidence in the judgment of his physician, he believed himself thoroughly cured of his disease, and incapable of injuring any one.

All must acknowledge that this is a great evil, and one that calls loudly for redress. If the wise physician and the true philanthropist is shocked and horrified by marriages contracted by near relations, knowing well that deformity and imbecility but too often afflict the offspring, what should be his feelings in relation to the subject under consideration ? It behooves all to work faithfully and energetically in the effort to correct this sad state of things, and the time will come when legislators, and others endowed with power, will be compelled to adopt prophylactic and other laws against this evil.

One of the most prolific causes of hereditary syphilis is to be found in the ignorance of the many who announce themselves as competent to cure all secret diseases without mercury, guaranteeing to eradicate the disease, etc., etc. There may be some exceptions to this rule, but unfortunately their number is small. This cause will continue to exert its baneful influence so long as every

ignorant and presumptuous man may arrogate to himself the title of Doctor, and deal with human life in any manner he deems best. Another cause is to be found in our own ranks. What reason can be assigned for the comparative neglect of the study of syphilis by many of the regular profession? Is it because it has been branded as a disease of infamy and vice? No true physician can reject it upon such grounds, for well he knows that it may be contracted innocently, by the most virtuous and pure of mind. Can they be deterred from its study by the fear that society will respect them less, and place them in a position inferior to those whose practice is confined to diseases which arise only from causes untainted by vice? Such fears would be groundless. All true and sensible men would hold him in higher esteem, for a knowledge of syphilis cannot be acquired to the exclusion of other departments of medicine. To know it well, in all its phases and stages, you must be acquainted with the whole field of medical science, having a knowledge of the structure, position and relation of the various tissues and organs of the body, and their physiological action in the maintenance of life; and be able to detect any morbid state. The pathology of syphilis (cause excepted) differs in no particular from the laws of general pathology. No part of the organism escapes its ravages: skin, mucous membranes, muscular fibre, areolar, fibrous and osseous tissues, and the parenchyma of vital organs. Symptoms affecting these various parts in the evolution of syphilis are so regular and systematic in the order of their appearance as to induce the celebrated Andral to remark that, in some way, it ought to serve as the key to all pathology.

A correct diagnosis is of paramount importance in syphilis; hence the necessity of being familiar with other diseases, and although some drugs do in some degree have a specific action upon this affection, yet complication with inflammation, scrofula, scurvy, herpes, etc., make it obligatory upon the practitioner to know the *materia medica* well, and the therapeutical effect of remedies. In a word, he must be a well educated physician in every respect, and thoroughly acquainted with this *particular department*, which, I trust, will receive more attention from teachers and practitioners in medicine, than it has done hitherto.

Reverting again to the proposition that a woman can indirectly

be contaminated by her husband, who at the time of fecundation is laboring under secondary syphilis, we will examine briefly some of the cases reported by De Meric, the majority of which he claims go to prove that the mother does not become affected.

He enumerates twenty-three cases where the mother bore syphilitic children, procreated by a father syphilitic; of this number only ten of the mothers presented symptoms of syphilis, whilst thirteen remained in perfect health.

1st case: "Michael M., aged fifteen years, an out-patient of the Royal Free Hospital in April, 1855. State on admission: One muco-cutaneous papule on either side of the anus, respectively the size of a six-pence and a half-crown. Testicles and penis *remarkably small*. History (given by the father): The papules have existed six months; one year before the father's marriage, seventeen years ago, he had a chancre, for which he was treated in the Royal Free Hospital; ever since, he has had at various intervals eruptions, ulcers, iritis, etc., up to a few years ago. Wife has had several children; the eldest fifteen years old (the present patient), the youngest two. All the children have been more or less ailing (with what?), with the exception of the one brought this day, who had remained well until the muco-cutaneous papules appeared. Wife never had any symptoms."

The words *remarkably small* applied to the testicles and penis are italicised, evidently for the purpose of proving that this boy could not have acquired his syphilis in the ordinary way; but we cannot believe that M. De Meric is ignorant of the fact that there are many other doors of entry for the disease than by that of the genital organs: he knows well, or ought to know, that the pus of chancre will act on any part of the skin abraded, or mucous membrane. During my own short experience, I have seen primary syphilitic ulcers situated on lip, cheek, trochanteric region, and fingers.

The absence of syphilis in the other children, the health of the mother, and the advanced age of this boy when mucous papules appeared, induce me to believe that his secondary syphilis came from a primary ulcer, or chancre, of his own, of which traces might possibly have been found, if a careful examination had been made.

2nd case: "Here the mother casually stated to me, April 26,

1855, having at the time, on her arm, a sickly looking child, twenty months old, that she had eight children before. The first two were abortions at four months; the six others were born at full period, and died a few days after birth, without any eruption, and from mere debility. The mother has never been ill. No data about the father."

This is truly a strange method of building up positive data. Is there no other cause than syphilis that can impair the vitality of the *fœtus*? To answer this, let the reader take up Copland, or some other good book, and turn to the list of the causes of abortion. This case cannot be admitted: the mother healthy, nothing known about the father, and the patient merely a sickly looking child.

3d case: "The mother presented herself to me at the German Hospital, June 14, 1854, with a child three years old, affected with hereditary syphilis. Married seven years, and had had five children before the one brought to me this day; none of these are alive at present, and the most they lived was two months. She went the full time only once; all the other confinements took place at seven months, and five months and a half. Husband thirty-two years of age; went to St. Bartholomew's Hospital before marriage with a bad leg; denies any other affection. Mother had sores on private parts before the first child was born; made nothing of it. She is perfectly well, robust looking, and is suckling the present patient. The latter recovered with mercury."

To us, this case is likewise objectionable. The husband was in St. Bartholomew's Hospital before his marriage, with a sore leg. This is all that is said of him. If this sore leg was syphilitic, it must have been of the tertiary form, during which he could not procreate a syphilitic child—*i. e.*, a child presenting the characteristic symptoms of hereditary syphilis. But the mother, it is stated, had sores on her genital parts, and it is more than probable was treated for the same; by which the virulence of her constitutional disease (which doubtless had caused the abortion of her first five children) was so much weakened as to permit her to give birth to a living child.

To some of the remaining seven cases, exceptions could justly be taken; but we have not time to notice them in detail. In the last case reported, the following passage occurs: "The mother

states that she has never had any sores, discharges, or other ailments. I should, however, add, that Dr. Lichtenberg, the resident physician, saw a few excoriations about the vulva."

This clause would appear to prove that the history of these women, as given by themselves, was received as proof sufficient of their immunity from the disease. Again permit us to say that this is a very loose and defective mode of observation for recording positive data. We have but little doubt that, if a vigorous examination had been instituted, a majority of these *perfectly healthy mothers* would have presented mucous papules, constitutional buboes, and probably other evidences of secondary syphilis; for we should bear in mind that mere absence from the skin of syphilitic eruptions is no proof that the diathesis does not exist.

For myself, I most respectfully decline to receive these cases for the purpose they were given, and must say that my faith remains unshaken in the truth of the law laid down by M. Ricord, viz.: "That a child, procreated syphilitic by the father, may affect the mother during gestation," and "that a proper course of treatment to the affected father prior to fecundation, and to the mother during gestation, will greatly influence the health of the child." If we reflect for a moment upon the anatomical and physiological relations which exist between the mother and child, we are almost forced into such a belief, without farther evidence. Does it not appear impossible that a foetus, developed from a poisoned germ, whilst holding such intimate vascular and other relations with the mother, could fail to impart to her some of its unwholesome nature? Such a view of the case certainly is plausible and rational. Such at least is mine; and two well marked cases within my own observation has confirmed in the belief.

ART. IV.—*Experiments on the Solubility of Strychnia in Water, Alcohol, Ether, and Glycerine.* By R. E. HOUGHTON, M.D.,
Richmond, Indiana.

A question being raised as to the solubility of strychnia in absolute alcohol and aqua dist., I instituted some experiments, and also solicited a druggist of our city to test the matter in like manner. His opinion was, that strychnia was soluble in water, and

alcohol, as he had prepared such formulas for a physician, by his prescription. Solutions were made in water, alcohol, and glycerine, and after a solution had been effected, so far as the eye could detect, filtering paper was used. I then asked Plummer and Kelly, druggists, of this city, to test the solubility of this remedy, and to note accurately the results. Its solubility was denied, and Wood and Bache, from their Dispensatory, were cited as authority; and they say that "it is very sparingly soluble in absolute alcohol and in ether." I assumed that it was soluble in both sufficiently and freely enough for medicinal use. The Dispensatory (page 1196, Art. Strychnine) says on this subject: "It is soluble in 6667 parts of water at 50°, and about 2000 at the boiling point. Boiling officinal alcohol dissolves it without difficulty, but deposits it again upon cooling. It has an alkaline reaction, and forms salts with the acids." A solution is readily and rapidly effected by the addition of some acid in small quantity.

But the experiments were made, and these are the results: One grain cryst. strychnia, in one f℥ of water, dissolved sufficiently to render the water somewhat bitter; but, as near as we can ascertain by drying the residue and weighing, no appreciable weight is lost. . . . One grain cryst. strychnia, in one f℥ each of officinal and absolute alcohol, entirely dissolved in from five to eight days. . . . One and four-fifths grains, in one f℥ absolute alcohol, dissolved in sixteen days. . . . One-half grain, in one f℥ of ether, dissolved in two or three days; . . . and one grain, in one f℥ of glycerine, dissolved in five to seven days. No filtering paper was used in any of these cases.

This would seem to confirm Wood and Bache's statements in reference to the solvent power of water, but conflicting with them in regard to officinal and absolute alcohol, and ether. The experiments show that strychnia is soluble in about 387 parts of officinal alcohol, 179 parts of absolute alcohol, and 682 parts of ether. We are to understand from the statements of the Dispensatory, that strychnia is *insoluble* in officinal alcohol, and less so in absolute alcohol, and in ether; but, if our experiments are correct, then we are at variance with that authority. We should remark here that the full solvent powers of officinal alcohol and glycerine, and perhaps of the water, were not ascertained. If

this be true, their solvent power may be greater than here stated, and would make the variance with *authority* greater than at present.

But we remark, now, more upon the practical part of this question. There seems to be but one officinal preparation of strychnia; viz., the muriate of strychnia. The preparations of this remedy have been used frequently in various forms of disease, but none of them possess the certainty and uniformity of action which is possessed by strychnia itself. Again, the mode of administration of these remedies has been principally in pill form, and in solution. The combination of such an active remedy in pill with any other remedy is not a very safe one, to say the least of it, owing to the great care which should be used in mixing and intermingling the materials together. A physician remarked when talking about the effects of strychnia, that one-half of a grain had nearly produced spasms of the muscles, and their action was so irregular that the patient (a female) could scarcely direct her motions,—in his own words, “had nearly taken her off her feet.” In tincture or in solution is the safest and most efficient mode of administering this powerful remedy, and it seems to me we ought to have an officinal tincture or solution of strychnia, containing the proper quantity for a dose, in such doses as would render it safe, and beyond which no mistake could occur in remedial administration.

Therefore, if one grain cryst. strychnia perfectly dissolved in from five to eight days in one ounce, then sixteen grains in sixteen ounces might be dissolved in from fourteen to fifteen days, and be an officinal preparation, in which we should have one-eighth of a grain to a fluid drachm; or, if necessary, have eight grains to a pint of officinal alcohol, and the dose would be one-sixteenth of a grain, which, by reducing the quantity of the dose, might be made the one-thirty-second part of a grain,—a quantity which would be safe, as there would be no danger in the compounding as in the pill form. Then the formula would be—

R Officinal alcohol, f℥ xvj.,

Cryst. strychnia, grs. viij. M.

Fiat haustus. Dose, one-sixteenth of a grain.

The smallest quantity known to have caused death in an adult is half a grain, which is much larger, relatively, than the smallest

fatal doses of the powder and extract of nux vomica, which produced death: the extract in doses of three grains, and the powder in quantities of fifteen and fifty grains. (See Taylor on Poisons.)

Dr. Wood says, in his work on *Materia Medica*, vol. 1, p. 838, that, "to a very considerable degree, strychnia has superseded nux vomica and its preparations, and therefore should be administered and prescribed with the greatest caution." We have need of an officinal preparation, the dose of which should at all times be uniform in strength and quantity. Dr. Wood further remarks, that many instances of death have occurred, arising from carelessness in dispensing the remedy or in the use of it. I was myself called to a case of a child, who was having spasms and rigidity of the muscles, and decided it to be the effects of strychnia or some of its preparations. The child had been laboring under intermittent fever, and the attendant, who uses *infinitesimals*, was no doubt using this remedy to arrest the paroxysms. Camphor was used in emulsion, and relief followed; but the paroxysms of fever afterward yielded to proper doses of quinine.

The formula proposed would be properly an alcoholic solution of the remedy, of uniform strength, and there is no good reason why we should not have such an one. We might have in place of this another formula for the aqueous solution of strychnia by the addition of some acid, in case the alcoholic preparation in any given case was not available, by reason of the stimulus which is in the alcohol. The proper effect of it as a remedial agent is a tonic, acting upon the nervous system, acting through the spinal column of nerves. It is useful in a variety of conditions which would not perhaps contra-indicate the effect of a gentle stimulant also.

In-turning of the Nail.—Most cases may be completely cured by the following simple mode of treatment: Several strips of lint are moistened with a solution of sulphate of copper, grains iij. to fʒj. of water. The lint is then to be gently but firmly inserted between the edge of the nail and the toe, in such manner as even to elevate the nail a little from its matrix.

The edge of the nail rest: upon the lint, whilst the sulphate of copper acts on the ulcerated surface that invariably exists around the nail.—*Med. and Surg. Reporter*, Jan. 15.

Proceedings of Societies.

Proceedings of the Montgomery County Medical Society. Reported by J. C. REEVE, M.D., Secretary.

The society held its annual meeting at the Phillips House, in the city of Dayton, on the 6th of January. The following gentlemen were elected officers for the present year: *President*, Dr. S. G. Armor; *Vice President*, Dr. C. McDermont; *Secretary*, Dr. J. C. Reeve; *Treasurer*, Dr. Joshua Clements; *Censors*, Dr. W. H. Lamme, of Centreville, Dr. Julius S. Taylor, of Carrollton, and Dr. J. C. Denise, of Dayton.

Dr. J. G. Maginni was proposed as a candidate for membership.

In the afternoon, the retiring President, Dr. Lamme, delivered a brief valedictory address. He thanked the members for the honor conferred upon him, and the confidence reposed in him, and congratulated the society upon the position it held among others under the State organization, upon the zeal it manifested in promoting professional interests, and the success it had attained in forwarding the objects of its organization. These objects are stated in the constitution to be "the improvement of its members in scientific and professional knowledge; the association of the profession for purposes of mutual recognition and fellowship; the promotion of the character, interests and honor of the fraternity, by maintaining union and harmony, and by aiming to elevate the standard of medical education." He thought the society was exerting a good influence throughout the county; that this was apparent from the fact that even irregular practitioners looked up to it, and claimed the benefit of some of its regulations. But this position which the society had attained only increased the responsibility of members: if much had been done, there still remained much unaccomplished, and the chief cause of the powerlessness of the profession in acting upon the public mind was the rivalry so common in it, preventing that harmony and union in action without which no enterprise can succeed. This should be overcome—the *profession* first, last, and always, should be the motto, and the code of ethics be followed in *spirit* as well as *letter*; for a person might follow the letter of the law, and yet be an arrant quack.

The Doctor next spoke of the progress made in professional knowledge: in the ranks of the regular profession alone was true progress to be found, although every division of the great army of quacks had the word on its banner. He dwelt upon but one point—the improvement made in regard to the quantity and form of medicines exhibited, and the greater reluctance now shown to resort to heroic treatment. A sorrowful case was detailed in illustration of over-medication.

In conclusion, a feeling allusion was made to those who had been taken from the society by death. Within eight years no less than eight deaths had occurred, a mortality far exceeding the average in community, and to be explained in part by the greater fatigue and anxiety of the physician's life. The vacant seats reminded us of our departed members, and it was to be hoped that the lesson taught by the death of so many of our number, most of them in the prime of life, would be impressed upon the hearts of all.

The address was listened to with deep attention by the society, and elicited remarks from several members upon the necessity of continued effort for mutual improvement, upon the amount of valuable information which might be presented, if each member would keep a record of cases, and of the course of epidemics, and upon the best modes of sustaining the interest of our meetings.

Dr. Armor, the alternate essayist, then read a paper entitled: *An Inquiry into the Character of Green Alvine Evacuations of Children.*

He controverted, by an ingenious and interesting array of facts, the commonly received opinion that these discharges consisted of crude or vitiated bile. He quoted from the analyses of Golding Bird, Berzelius, Simon, Kerstein, Franke, and others, showing that these discharges often contained but a trace of bile—sometimes not even a trace, where the discharges were caused by the use of certain mineral waters. He also alluded to the fact that green discharges take place from the vagina in leucorrhœa, from the urethra in gonorrhœa, and from the mucous membrane of the nostrils in some forms of coryza. He then entered upon the proof of the proposition that these green discharges were nothing more or less than a *modified form of intestinal hemorrhage*; that they are but one form of *melæna*, produced by a *congested state of the portal system*, in which blood is exuded very slowly and in small quantities, and that the peculiar green color is produced by a union of

this modified blood with certain gases and secretions present in the intestines. He maintained that it was one form of the "exudation process of mucous membranes," as described by Rokitansky, and that microscopic examinations had revealed the presence of granules, free nuclei, and altered blood corpuscles, such as are found in the black vomit of yellow fever. He also alluded to the fact observed by Dr. Golding Bird, Brett, and others, that hematosin, or the coloring matter of the blood, when exposed to the influence of sulphureted hydrogen gas, or nitric acid, acquires a deep olive green color. He also examined at length the influence of climate and season in the production of that *state* or *condition* which favors portal congestion, and a consequent damming up of the venous circulation of the intestinal canal. The result of this is often rapid destruction of the epithelium, followed by percolation of more or less of the elements of the blood through the mucous coat of the intestinal canal. In childhood the mucous membrane is one of the great outlets for morbid action; and lactic acid, which is secreted in great abundance from the mucous membranes, especially during temporary derangement of assimilation, unites, together with certain gases and secretions, with the elements of blood, which slowly ooze from the congested membrane, and green discharges are the result.

An interesting discussion followed the reading of a paper upon a subject of so much practical interest.

Dr. Lamme gave a brief verbal report of an epidemic of scarlatina which had lately prevailed under his observation.

Dr. McDermont, in accordance with appointment, read a biographical sketch of the late Dr. Thomas Brennan.

A resolution was then passed declaring the action of the society null and void in regard to Drs. E. W. Steele and T. B. Harbisson, of Xenia, and J. L. Bellville, of Miami City, they having been elected members in October, 1857, and never having come forward to complete their connection with the society.

DR. BRIGHT, physician extraordinary to Queen Victoria, has just died in his 70th year, after a few days' illness. He was the leading authority on all the affections of the kidneys. One common and very fatal form of disease of those organs, having been exclusively discovered by himself, has always been termed in the profession, "Bright's disease."

Translations from the German.

Excerpta Pharmacologia. Abstracted from Foreign Journals, by G. BRUHL, M.D. Cincinnati.

1. *Ungt. Opiatum against Carbunculus Simplex.*—An ointment made of opium, ʒss., and simple cerate, ʒij., is applied three or four times daily on the carbuncle. The pains are lessened in a few hours, suppuration accelerated, and the mortified parts quicker separated than by other applications.—*Dr. Gutzeit, Med. Zeitung, Russl.*, 12, 1858.

2. *Kamala, a new Remedy against Tænia.*—Kamala, as sold in the East India bazaars, is a brick-red powder, obtained from the capsules of the Punnaga tree, (*Rottlera tinctoria, euphorbiaceæ*), not soluble in cold water, but entirely so in the alkaline carbonates, in ether and alcohol. In the East Indies it is used in diseases of the skin. Mackinnon, in Bengalia, used it against tænia, in doses from ʒiss. to ʒiij.; and repeated the dose, if after six hours no purging had ensued. He thinks the remedy safer than either kousso or ol. terabinthin; for out of sixty-six cases the tænia was removed but in two cases. Anderson speaks in the same flattering terms of it. He proposes the preparation of a tincture containing one hundred and eighty parts of kamala to three hundred and eighty parts of alcohol, fʒj. to fʒiv. to be given for a dose. In ninety-five cases he had a successful result ninety-three times. Similar results were observed by Gordon, Corbyn, and Cardon.—*Dr. Hanbury, Bull. de Thér., liv., p. 310.*

3. *Argenti Nitras against Oxyuris Vermicularis.*—Dr. Schulze orders injections of ten to fifteen grains of crystalized nitrate of silver to fʒiv. of water, and cured his patients with three or four injections completely and without any particular trouble. The first injection remains but a short while, carrying off a great many living and dead worms; the following clysmata remain longer, about six to twenty-four hours, carrying away a lot of dead worms.—*Deutsche Klinik*, 17, 1858.

4. *Iodide of Potassium as Anti-Galactium.*—The author increases the remedies for lessening the secretion of milk by his recommen-

dation of the above remedy, which he professes to have used in seven cases with a certain effect, in doses of forty to fifty ctgrms. The milk reappears very quickly, if the article is given but for a few days.—*Prof. Rousset, Journal de Bord., Mai, 1858.*

5. *Tartar Emetic in Chorea.*—Brierre de Boismont gives the history of a case of chorea in a boy fourteen years old, where a general spasmodic affection of all the muscles existed. By Pidoux's advice, he gave large doses of tartar emetic, twenty ctgrms. the first day, rising to thirty on the third day. The improvement was so quick that the patient could set up and speak and eat already on the third day; the extremities only being moved spasmodically now and then. The tenth day he could walk around; and was dismissed the twentieth entirely cured.—*Schmidt's Jahrbücher.*

Correspondence.

EDITORS LANCET AND OBSERVER.

Gentlemen:—I read with much interest the remarks in your January number upon the duty of physicians in regard to rendering their services to public institutions at a less rate than they attend private patients. I am at present the attending physician to the infirmary of a rich county, in which there is a medical society not only organized, but in active existence. The institution is five miles distant from my residence, and from the residences of my professional brethren. I am pledged to visit the infirmary twice a week, and *as much oftener as may be necessary*, and further, to *furnish all medicines* for an average of ninety inmates, and receive for compensation *sixty dollars per quarter*.

Now for the history of the case: When I came into the county, I found the office filled by a member of the profession in good standing, an active member of the medical society, and the man who first offered to do the work at the rate now received for it, and who first introduced the beautiful custom of finding medicines. Since then, the place has been filled by a man who calls himself a regular physician, but who is not a member of the society, and who has received *forty* dollars per quarter! At the last meeting of the board of directors, I put in a bid con-

siderably above what I now receive. The board failed to appoint at that time, and the bids becoming known, I learned there were two bids at sixty dollars per quarter, and one at fifty dollars, by members of the medical society!—the gentlemen bidding at sixty dollars being both in good, if not large practice. There being no chance for my appointment at any rate above that sum, I reduced my bid to sixty dollars for the next meeting of the board; but in the meantime the gentleman first alluded to in this article had reduced his to fifty-five dollars!! Why the post was given to me under these circumstances it is not necessary to explain: I shall not draw the apparent inference.

Now I agree with you, gentlemen, that the state of affairs exhibited by the above facts is disgraceful to the profession; it is not so abstractly alone, but really degrades us in the eyes of community; and it is ten-fold worse where a medical organization exists, which furnishes the first means of united action upon the subject. But is there a remedy? I fear not. You say if the profession were united it would bring public officers to terms. I cannot believe it. The ground I have always taken is, that our medical society should say at what terms the duty pertaining to the office I now hold should be performed; put it at a fair compensation, and then let him who is fortunate enough to have sufficient influence enjoy it; but, for Heaven's sake, do away with under-bidding. Such action on the part of the society here would undoubtedly throw the business out of the hands of any member of it; but at least we should stand on higher ground and appear more dignified and respectable in the eyes of the world. And there is one other thing we could do—rout out the whole class of "*cheap*, under-bidding, throat-cutting doctors" from a respectable position in the profession. We can do this—or *could* if we would,—because the county has paid nearly enough for consultations and assistance for the *cheap* doctors, to make up the difference between their pay and a fair salary. Therefore, by charging full price for assistance rendered such individuals, or by refusing consultation with them altogether, we might partially protect ourselves, and perhaps bring public officers to terms. We should be much aided in this matter if there was sufficient vitality in our State Society. Some practitioners will not unite with the county society where they reside: being members of the State

Society, they sail under its broad flag, and set at defiance any control by local organizations.

I have no sanguine hopes, however, of seeing any change in this matter ; but, pleased with your remarks, and especially with those showing the shabby contrast we make in regard to the pay we receive for our services from counties when compared with lawyers, I send you an actual case, and if you can suggest any additional treatment, shall be happy to hear from you.

Yours truly,

MONTGOMERY.

Boston, January 7, 1859.

*Messrs. Editors :—*As guardians of the public health, I suppose you are interested in all matters pertaining to the physical welfare of "Young America." The subject of public hygiene in our schools is of vital importance, and commends itself to every friend and lover of humanity, and should receive the unanimous coöperation of parents, teachers and committees. Perhaps no city possesses a better system of common schools than Boston. Every child, rich or poor, of whatever name or nation, can find admission at the age of four, and can receive the preparatory education for entering any college ; or can go beyond the necessary requirements.

Some complaints have been made of late, through the daily press, that the schools were on a *too high pressure* system ; that the pupils were taxed beyond their mental capacities, to the permanent injury of their physical ; and that the committee, in short, should abate the number of studies. These allegations are not, as a general thing, sustained. The girls are not allowed to study out of school. Nevertheless, it was considered expedient to bring the subject before the *doctors*, for discussion. Consequently, at a meeting of the society, held Nov. 27th, the following resolve was passed : "That it is appropriate for the Suffolk District Medical Society to consider, as a subject of public hygiene, the present system of education in our public schools." At the meeting in December, the question was discussed at some length, and will be resumed at the January reünion.

Of the seventy-four gentlemen who compose our school board, about one-third are physicians. The rules and regulations of the

board are very explicit in regard to the temperature and ventilation of the school rooms, and the physical or gymnastic exercises of the pupils; requiring that every scholar shall have daily, in the forenoon and afternoon, some exercise of this character. In most of the schools these stipulations are carried out. Here, then, is the gist of the matter: the child must have athletic sports or exercises along with his mental training. In order to do this, our city fathers should open their hearts, and the taxpayers should pour in their offerings with a liberal hand; then should we have a *gymnasium* accessible to every child, the pallid cheek would blush with crimson, and there would be fewer cases of spinal contortions, and we should have the physical growth of the pupil in harmony and commensurate with the mental. This subject should be agitated; it needs it: we can learn much from many of the Prussian schools. Even the "sporting fraternity" should be applauded for their acquired strength, if they would only devote it to useful purposes.

Ere this you have learned of the remarkable case of congenital fissure of the sternum, in the person of M. Eugene A. Groux, of Hamburgh. This case affords a fine opportunity to study the motions and sounds of the heart and lungs. There are but two or three cases known which have any resemblance to this singular anatomical malformation. M. Groux is twenty-eight years old, small in stature, of pleasing address, and indefatigable in his efforts to illustrate the phenomena peculiar to his case. Of these I need not write, as you will soon have an opportunity for an ocular demonstration. He has been before our medical societies, and those physicians who contributed to the fund for his benefit have had private examinations. His album contains more than twenty-five hundred autographs, many of them of the most eminent physicians in Europe, together with their opinions in regard to the heart's pulsations, etc.

Dr. Gay, of this city, has performed the operation of tracheotomy six times during the year past, with four recoveries. This is the result, in part, of early operating: another evidence that *delays are dangerous*.

I think I mentioned in one of my letters that Dr. James Jackson was made the recipient of five hundred dollars at the decease of a wealthy gentleman of this city. The heirs, in sending him

this amount, enclosed five thousand dollars more, as a token of respect and esteem for a faithful friend and medical adviser. Such acts of generosity are too few from those who receive the unremitted services of the profession.

Dr. David R. Brown, an expelled member of the Massachusetts Medical Society, is now in jail, and has been for some months, waiting his trial for causing the death of a girl at his house, by an operation for abortion. This practice is carried on to an alarming extent among quacks and women. I have learned that there are some outside women base enough to hunt up subjects, and take them to these wholesale destroyers, receiving a certain stipend per head.

Our city is quite healthy at present. Still, at this season of the year, there are several deaths among the aged. Dr. E. Brett deceased last Sabbath, at the age of seventy-two. He has enjoyed a very fair practice, and has held many posts of honor, both medical and civil.

Dr. C. A. Phelps, of this city, was elected, last Wednesday, President of our State Senate.

I clip the following from the California news, as a novel prosecution: "An important medical case is now on trial in the Fourth District Court of San Francisco, which possesses features of interest to the faculty. Dr. Cooper is sued by a Mr. Hodges, who claims \$25,000 damages for wilfully, and needlessly, as he charges, performing the 'Cæsarian operation' upon his wife. The lady survived, but it is alleged she is hopelessly injured, and her nervous system destroyed."

Your journal for the new year comes as smiling and radiant as a June morning, and laden with much interesting and practical matter. Long life to it: may its owners be rewarded pecuniarily as much as its readers are medically.

I have to-day performed the operation of tracheotomy on a child three years old. The little patient appears to be doing well. It was a case of croup. I will report the result. B.

WE learn from the New York journals that Dr. David Uhl, somewhat conspicuous in the "Cunningham-Burdell" trials, died recently in Bolivia, Venezuela.

Reviews and Notices.

THE HISTORY OF PROSTITUTION : its Extent, Causes, and Effects throughout the World. Being an Official Report to the Board of Alms-House Governors of the city of New York. By W. W. SANGER, M.D., Resident Physician Blackwell's Island, New York city, etc., etc., etc. New York : Harper & Brothers, publishers. 1858.

We have had this book on our table for some time, but, owing to the press on our columns, we have been unable to notice it. We do not think there is any one in our country so well fitted to write such a work as the author. A man of good education, of excellent medical attainments, and for many years resident physician to the Marine Hospital, Quarantine, and Blackwell's Island, at New York, his field for observation has been very large. He has seen the terrible vice and social evil, prostitution, in all its forms and phases. He has witnessed its effects on the novice, as well as the direful consequences on those totally destroyed by it. Dr. S. shows much reading and familiarity with all that has been written on the subject, from the remotest periods to the present time. The facts and figures of the book we incline to receive as true, for the reason that he had the assistance of the entire police department in his investigations of prostitution in New York city. The book is divided into thirty-eight chapters, in which the whole subject is discussed fully, freely, and altogether practically.

The time has arrived when the public, especially philanthropists, should occupy themselves with this subject. Prostitution and its accompanying terrible vice, syphilis, stare us in the face, and it is worse than foolish, it is positively wicked any longer to turn away from it. Something must be done. Some people have expressed to us an opinion, that Dr. S.'s book is an immoral one ; that it will have a very bad effect. We entertain no such opinion. The young man or the old man under no high moral restraint, after reading this book, will have one idea impressed on him—stamped on his brain—aye, grooved into it, that illicit intercourse—cohabitation with prostitutes—is, in the great majority of cases, followed by chancre and constitutional

mortals shall, under conventional lying, false delicacy, and a mod-syphilis. He will learn, too, that the very best men in the profession entertain the opinion that there is no cure for syphilis: in other words, that no physician can ever assure his patient that he is perfectly cured.

We anticipate good results from this book. Many people, of no high moral sense, believe that they may gratify their animal instincts whenever and wherever it best suits them, without the least danger of evil consequences. This book will tell them that every prostitute is sooner or later contaminated with syphilis.

We regret our want of space forbids our giving this book the notice it demands. Its facts and figures are of the highest importance to every one, especially to our profession, so familiar with the terrible moral and physical evils incident to prostitution.

Dr. S. advocates legislative action in regard to this great evil. He suggests the benefit to be derived from bringing all houses of prostitution and all prostitutes under police surveillance. It is an evil that cannot be eradicated, and therefore should be controlled. He therefore proposes the license system, with regular and frequent medical visitations, so as venereal affections may be lessened. When a woman becomes diseased, he proposes to have her removed to a special hospital, where she shall be detained until she is cured. His plan, with some modifications, is that carried out by the French Government. We believe it to be the only true one. Under the present system, a woman with syphilis is allowed to go where fancy may direct, and infect all who may seek her embrace. These again transmit the disease in its secondary and tertiary forms to their children, who, in too many cases, become a burden and expense to orphan asylums and poor houses.

We hope our readers will buy this book. We have no patience with much of the false modesty of the day, which denounces such books as Dr. Sanger's, or makes people fearful of its bad effects. In the words of a distinguished man of our profession, "There is nothing which *is*, which has actuality of existence, that should not be fathomed, and whose rocks and quicksands should not be placed as in an unfolded map, conspicuously in sight."

What the prophets thought not impure to discourse on to the children of Israel, and what our Lord and Master Jesus Christ, and his disciples, deemed not unfit for us, how is it that we poor

esty not founded in purity, ignore this great sin and social evil? Dr. Sanger has done for New York what that good man and great true philanthropist, Parent Duchatelet, did for Paris.

It is for our profession, so well acquainted with the terrible and painful evils flowing from prostitution, to enlighten the public, so as something may be done to restrain and control them. Hon. Wm. M. Corry presented to the Legislature some two years ago, the necessity of a law to control houses of prostitution. The country members were greatly shocked, and the bill was laid on the table.

We must stop, with expressing the regret that we cannot present to our readers some of the very just and interesting views and statistics of the author, and advising our readers to buy the book.

For sale by Robt. E. Clarke & Co. Price \$4.00.

A TREATISE ON THE VENEREAL DISEASE: by JOHN HUNTER, F.R.S. With copious additions by Dr. PHILIP RICORD, Surgeon of the Hôpital du Midi, Paris, etc.; translated and edited with notes by FREEMAN J. BUMSTEAD, M.D., Lecturer on Venereal at the College of Physicians and Surgeons, New York. Second edition, containing a Résumé of Ricord's Recent Lectures on Chancre. Philadelphia: Blanchard & Lea. 1859.

This book cannot be objected to on account of a want of editors. Ricord, Home, Babington, and Bumstead have each testified their opinions of it by endorsing it, with various notes. Dr. Bumstead "has made a few translations of those portions of M. Fournier's work, which are new, and added them in a condensed form to the notes of the present edition." It may be necessary to tell our readers that M. Fournier, Interne of the Hôpital du Midi, published, early in 1858, a volume of recent lectures of Ricord on Chancre.

Dr. Bumstead lays down the following proposition concerning simple chancre: "*A simple chancre is derived from a simple chancre, and can only give rise to a simple chancre.*" A person may have simple chancre many times. The infecting or indurated chancre never makes its appearance but once on the same person. These, of course, are Ricord's doctrines, and up to the present time have not been invalidated by the many arguments and facts brought against them. Those of our readers who have "Ricord's Letters" may buy this book, when we think they will

have the only true theory and treatment of syphilis and gonorrhœa. The great point in the management of syphilis is the accurate and differential diagnosis between simple and indurated chancre. The notes of Dr. Bumstead, though not numerous, are valuable and practical. We would we had space, that we might notice several points in this book, and the opinions of the anti-Ricord school in general.

For sale by Rickey, Mallory & Co. Price \$3.25.

THE MODERN PRACTICE OF MIDWIFERY. A Course of Lectures on Obstetrics : delivered at St. Mary's College, London, by WILLIAM TYLER SMITH, M.D., Member of the Royal College of Physicians. With an Introductory Lecture on the History of the Art of Midwifery, and copious Practical Annotations, by AUGUSTUS K. GARDNER, A.M., M.D., etc., etc. Illustrated by 212 Engravings. New York : Robert M. Dewitt, Publisher.

The distinction between a course of lectures and a systematic treatise on any of the departments of practical medicine is very manifest. The former may be very acceptable to us as a reprint, from their agreeable style, or as a memento of the author, while they may be very incomplete as a treatise.

This volume of lectures by Tyler Smith belongs to the former class, and while the profession will gladly receive it in its present permanent form, it cannot properly be regarded as a systematic treatise. The lectures on obstetrics appeared first in the *London Lancet*, in 1856, and in that shape are already most favorably known to a large portion of the medical profession of this country ; it was therefore highly proper that they be arranged in book form, although we may be disposed to entertain some objections to the manner in which the task has been accomplished.

Dr. Tyler Smith has excellent descriptive powers, and one reads along through his lectures easily and comfortably. His general plan of arrangement, too, is pleasantly inductive, for the most part presenting topic after topic in a natural and suggestive order. Thus the volume commences with generation, passing on to a description of the various organs concerned, and in regular order all the consecutive steps and processes, up to the period of full term ; tarrying by the way to speak of the disorders of pregnancy, and the accidents which are liable to occur. And then immediately previous to detailing the mechanism of labor, he gives

the anatomy of the foetal head and female pelvis, instead, as is usual, of giving these in the threshold of the work.

Certain topics incidental to childbed, as post partum hemorrhage, rupture of the uterus, inversion of the uterus, puerperal mania, puerperal fever, etc., are treated with considerable fulness of detail, a fulness perhaps rather disproportioned to that given to the topics more properly embraced in practical midwifery.

The name of Tyler Smith is already advanced to a position of authority in the obstetric world, and he will doubtless grow in the confidence of that portion of our profession, as he becomes better known.

We have so recently and so positively expressed our views of the work of editorial supervision and annotation, pursued by American editors of foreign works, that we do not care to repeat our disrelish for that feature of the work before us. Some of the annotations of Dr. Gardner are very *apropos*, and add to the usefulness of the volume as a text book. The introductory lecture even may be well enough in its way; but altogether there is so much the appearance of a wish to make the author carry the editor on his shoulders, and elevate him to a certain prominence, that we think it would have been vastly more to the interest of the publisher, and to the credit of the editor, to have presented the lectures on obstetrics "without note or comment."

In mechanical execution, we think the paper is inferior, and there are some typographical peculiarities that are unpleasant to our eye. Notwithstanding all this, there is so much intrinsic worth in the lectures, that the work will commend itself largely to the profession, and we doubt not will meet with a ready sale.

Received through Rickey, Mallory & Co. Price \$4.00.

MATERIA MEDICA AND THERAPEUTICS. By MARTYN PAYNE, M.D., Prof. of the Institutes of Medicine, etc., in the University of New York, etc., etc. New York: S. S. & W. Wood. 1854.

We have recently reviewed with some fulness the works of Prof. Martyn Payne; and, especially, inasmuch as this little volume really constitutes a part of his series of works, there being constant references to such portions of the author's *Institutes* as more fully illustrate his views upon particular groups of remedies,

there seems, consequently, less propriety in extending at present, any lengthy critical notice. The object of the book, however, appears to be, to present a sort of conspectus or *therapeutical arrangement* of the general subject of *Materia Medica*. It can certainly scarcely be regarded as more than a well arranged and condensed outline of the whole subject. As such the admirers of Prof. Payne (and their name is legion) will be very glad to possess a copy.

AMERICAN PHARMACEUTICAL ASSOCIATION : Proceedings of the Seventh Annual Meeting, held in Washington, September, 1858.

Amongst the very noticeable matters marking the general progress of medical science are the rapid strides which the great collateral associate branch of pharmacy has been making within the past few years, in the United States. In confirmation of this we need only take up the volume of Transactions, which we have received through the politeness of Mr. Gordon, Secretary of the Association. In size, appearance, and in the maturity and number of reports and papers, it rivals the portly volumes of Transactions of its prototype, the American Medical Association. We should be glad to speak *in extenso* of several of these contributions, had we space to spare, but must content ourselves with a most hurried and unsatisfactory glance.

We find, first, the regular reports of the committees, embracing a large amount of most important information and suggestions, relative to the progress of pharmacy, course of study, weights and measures, revision of pharmacopœia, adulterations of drugs, local unofficinal formulæ (amongst which we observe several prescriptions of well known physicians of our city), and amendments to drug law.

A large number—some twenty—of scientific reports and essays swell the remainder of the book. These papers are the contributions of prominent, practical pharmacutists throughout the Union, and embrace a wide range of topics of special interest to the Association. Of these, we have perused with much interest the papers of Mr. Samuel M. Coleord, of Boston, “on professional intercourse between the apothecary and physician.” We heartily respond to all he says of the dangerous and reprehensible practice many physicians acquire, of haste, carelessness and inaccuracy in

writing their prescriptions. Other points in the paper will bear a debateable difference of opinion; as, for example, that delicate question of how far physicians and pharmacutists may be justified in advising their patrons to change one or the other. The allusions to a feeling of contempt, which it is alleged is entertained by physicians for the pharmacien, have no application to this latitude. The physicians and dispensing druggists of this city, we are very certain, have for each other the most friendly and respectful regards.

Another paper of some interest, if its suggestions prove correct, is by Mr. W. S. Merrill, of Cincinnati,—“On the solubility of the medicinal principles of all organic matter in alcohol.” This is not, however, a question of theoretic dependence, it being subject to the decision of experiment.

The officers for the year are—John L. Kidwell, of Georgetown, D. C., President; Messrs. Squibb, O’Gallagher and Battey, Vice Presidents; Coleord, of Boston, Treasurer; W. J. M. Gordon, of Cincinnati, Recording Secretary.

The Association adjourned to meet in Boston, on the second Tuesday of September, 1859.

As already remarked, the Transactions for 1858 make a large, handsome volume of nearly 500 pages, and should any of our readers desire to purchase it, it may be had through any member, we presume, for 75 cents per copy, in paper, or \$1.00, bound.

Editor's Table.

ASTONISHING IMPUDENCE.—One of the most impudent things perpetrated on the scientific profession for a long time, has been witnessed in this city within the last thirty days. And what, good and unsuspecting reader, do you imagine it is? It is nothing else than that Drs. Newton and Bickley, *Professors in the Eclectic Medical Institute*, of this city, have taken not only the contents of the *Edinburgh Medical and Surgical Journal*, but also the name, issuing it under the title of the *Cincinnati Eclectic and Edinburgh Medical Journal*!! We really could scarcely believe

our eyes, when we saw the first number. Only think of it : the names of Symme and Newton, Bennett and Bickley, side by side ! Think of it, too, medical men, that this *Eclectic school*, this hot-house of steam, homœopathy, hydropathy, phrenology, “ roots and yarbs,” conducted in the past by men whose only cry against legitimate medicine has been “ poisoners and butchers ;” by men who were never heard of beyond the limits of a small country village until their sudden advent before the public on the foul stage of this so-called school ; think of it, we say : of their appropriating, printing and binding up the Journal which represents the great Edinburgh University with what they are pleased to call the *Eclectic Journal*. Faugh ! Language fails us to express our disgust. Yet it is a fact.

It is, however, to expose these “ wolves in sheep’s clothing ” that we have thus far condescended to notice even so glaring and striking a piece of medical impudence, in these latter days of brilliant humbugs and deceptions. At last, be it known, these pigmy leaders of a dirty and miserable foray on legitimate medicine find that their stock in trade is about giving out ; that, like an old prostitute, who has lost her charms, they find it necessary to assume a virtue which they never had, and never will have, solely for the purpose of sustaining a pitiful delusion.

Yes, plain *Eclectic Medical Journal* was proving a bad card. It had ceased any longer to delude ; it had failed to establish for this small sect—sprung originally from two remedies, a hot-bath and a lobelia emetic—any position in the regular scientific world ; it had failed to make any headway, and the time had come for something to be done. Hence the appropriation of the *Edinburgh Medical Journal*. We shall expect at the end of the year to read the announcement of the course of lectures in the “ Eclectic Medical Institute and University of Edinburgh !” Stranger things are happening every day. The “ Eclectic Medical Institute and University of Edinburgh of *Cincinnati* !” This reads quite as well, and sounds as sweetly on the ear, as *Cincinnati Eclectic and Edinburgh Medical Journal*.

The school which this Eclectic Journal represents is, we believe, well understood by all intelligent and reading medical men. It was removed to this city from Worthington, a small village in this State. No sooner was it removed here than its professors

commenced a scurrilous abuse of the regular profession for the use of mineral medicines and for surgical operations. When they opened here, they performed no operations; all diseases of a surgical nature being advertised as curable by *Eclectic remedies*, or *Eclectic practice*. When the cholera made its appearance, they advertised in the daily papers the wonderful power of Eclectic practice to cure all cases of that terrible disease, at the same time loudly proclaiming that "old school practice," as they were pleased to call scientific treatment, saved no cases. They published their cases. No one ever heard of any patients dying under their treatment. In addition, they pronounced in the public papers that all mineral medicines were poisons. They blowed what they called Eclectic practice and themselves on the corners of the streets, and in all public places. Next, we find in the faculty the representatives of all known quack systems: homœo-quack, electro-pathic, hydro-pathic, electro-biological, *et id omne genus*,—black spirits, green spirits, and blue; with their class made up of unsexed *women*, broken-down preachers, sickly school teachers, crazy mechanics, and sugar-loaf headed individuals who had but two ideas—terrible opposition to "mineral practice," and a profound admiration for "Eclectic practice." They graduated a large number from this intellectual set, with one year's attendance on their course of lectures.

More still: This Dr. Robert Newton has been a *professed cancer curer*, and for a long time had a *secret remedy* for its treatment.

And what, now, is their course? Still crying out against legitimate medicine, while using the very remedies they have so long villified and abused as poisons. They have advanced, no doubt, from the reading and *editing* of the works of truly scientific authors. Newton gives mineral medicines: he has even given, as we have been told, that much abused remedy, calomel. He has edited *Symme's Surgery*, in which many wonderful and new ideas from *Eclectic surgical practice* have been introduced. He even admits, now, that he can not cure all cases of cancer; that it will return after it has been once removed. He even finds that Eclectic practice and remedies fail to take a stone out of the bladder, and resorts to the knife.

Such is a brief history of this school and its most prominent

man. It once had a fellow in it by the name of Sanders, who had the impudence to edit *Gregory's Chemistry*. *O tempora! O mores!* And last, but not least, to cap the climax of this grand Eclectic quack school, it has had the impudence, nay, more, has so far stultified itself as to print and publish the *Journal* of all others which has and does at present support legitimate scientific medicine.

They wage a continual warfare against the *code of ethics*, and yet have the greatest disposition to be on friendly terms with the regular profession. The editorial department of the January number of this hybrid journal is full of protestations of friendship. Like all the quacks, they seek a corner of the great mantle of true medicine to cover them. They can fraternize with all sorts of quacks, according to their own account.

Some very respectable professional gentlemen, and even journalists, are ignorant of the position of this class of quacks in this city: Newton's school, and Cleaveland's school—the two eclectic quack concerns of this city, with whom no regular member of the profession has anything to do. If our space permitted, our sketch would be much longer.

Before we close, let us give our readers the contents of the *Cincinnati Eclectic and Edinburgh Medical Journal*. It is nearly all Edinburgh. 1st: "An *Eclectic* treatise on the practice of medicine, by R. S. Newton, Professor of Surgery," in which he claims that Eclectics brought forward twenty-five years ago the anti-blood letting treatment of disease! With the exception of one other article, on pytalism, from a Dr. Woodruff, of Pittsburgh, Indiana, all the others are taken from the *Edinburgh Medical and Surgical Journal*. Even, too, they cannot write reviews of books, for with the exception of a notice of Dr. Sanger's book on Prostitution, all the others (and there are several) are from the same source.

We are too happy to be able to inform our readers that these two so-called schools are dying slowly. Their great effort to preserve a so-called position is mainly directed to appropriating the books and journals of scientific men, publishing them as Eclectic treatises, widely different from old school authors. In proof of this, Dr. J. King brought out an *Eclectic Dispensatory*, so full and glaring with wholesale *plagiarisms* from the *U. S. Dispensatory*, that Wood and Bache, its authors, sued out an injunction

against its sale, so that Dr. King was forced to rewrite his Dispensatory. So of Dr. Cleaveland, with his *Medical Dictionary*, whom Dr. Reese, of New York, charged boldly with plagiarizing from him. And last, but not least, Newton and Bickley have appropriated one of the first journals in the world representing "old school medicine." The professors of these two schools have amazed the professional public, and even the unprofessional, with the number and variety of books *written* and issued by them. The truth is, not one of them is celebrated in any speciality of medicine in this city. We hesitated for some time before penning this article. We felt it to be our duty to say what we have said, in our capacity as medical journalists of true scientific medicine. We have not written for our friends and readers in this city, but more particularly for our readers and editorial brethren at a distance. We leave these people, their schools and journals, to time, which sooner or later will number them in oblivion, where so many worthless systems already lie, "unwept, unhonored and unsung." We are not to be dragged into any discussion. Our pages can be devoted to much more profitable matter.

SOUTHERN LUNATIC ASYLUM.—Fourth Annual Report of the Board of Trustees and Officers of the Southern Lunatic Asylum, to the Governor of the State of Ohio: for the year 1858.

We are indebted to the Hon. J. F. Wright, one of our representatives in the legislature, for a copy of this interesting report. The medical part of it has been especially interesting to us. From it we find that 277 patients have been treated during the last year—139 males, and 138 females. Of this number, forty-one males and thirty-two females were discharged cured. Three males and four females were discharged improved; seven males and thirteen females unimproved. Died: seven males and ten females. Of those admitted during the year, there were thirty single men, twelve single females; twenty-eight married men, and thirty-three married women; four widowers and nine widows.

Insanity still continues to attack most frequently farmers, of whom twenty-three were admitted. This class has the largest number of representatives in England as well as in this country. No cause for this is yet exactly determined.

Next to farmers we find ten laborers, three merchants, three clergymen, and three of no occupation. "*No occupation*," says the superintendent, "in my opinion, is the cause of more insanity than the combined influence of all employments." We are happy in knowing that our profession has not furnished a single patient during the year.

Among the assigned causes we find eight from intemperate drinking, five from masturbation, seven from religious excitement, six from business difficulties, and eleven from domestic trouble. Hereditary predisposition existed in twenty-five.

The usual but alarming complaint is made of want of room. To what are we coming? How are we to provide for the increasing number of insane? We think it would be better to have county asylums. We have wondered that private asylums have not been opened. There is a great need for such institutions.

Before closing, we must say that the author of this report must have written it in a great hurry. We do not like to believe that the superintendent is so ignorant of English grammar and syntax as this report indicates. One brief criticism in this connection will suffice: "The four thousand dollars which *was* appropriated for repairs," etc. Again: "There must always occur, from time to time, a considerable expenditure for repairs which *has* to be done." We give one more: "As soon as one was dismissed cured, numerous applications were in readiness, waiting to be admitted. There are now lying here one hundred and fifty *rejected applications*, many of whose friends are begging for *their* admission." There are some other blunders of the same kind, which certainly do not look well in the report of a superintendent of a lunatic asylum.

Cincinnati Summer School of Medicine.—As the time approaches for the commencement of the Lectures in the Spring Course, we feel it will be proper to call the attention of our readers again to this matter. The Course will be delivered in the building of the Ohio Medical College. The object and plan of the Course is to give a thorough drill on the elements of practical medicine, by means of familiar lectures, daily examinations, and demonstrations; and with the incidental advantages which the student will receive by remaining in this city for that length of

time, we think we are very safe in giving the assurance that the time and money thus expended will be well laid out. It is highly important to the student to be thoroughly grounded in the elements of his profession, and after passing through the systematic drill of a summer course, he is ready to enter upon the graduating course with comfort and success.

Inasmuch as there appears to be some misapprehension in this matter, we take this occasion to remark, that, although this organization is an entirely independent one, it is not within its province to grant diplomas.

What does it Mean?—In the Nov. number of the *Nashville Monthly Record*, we find the following editorial remarks: "Last and least, we have just received the *Belmont Medical Journal*, Bridgeport, Ohio; the minutest medical periodical we have yet seen, but apparently sound in principle. *We examined carefully, being rather shy of Ohio journals.*" The remarks on the *Belmont Journal* are very complimentary: we endorse them all. But we do not understand what the editors mean by saying that they are rather "*shy of Ohio journals.*" We therefore ask for an explanation. Do you refer to our journal, friend Wright. The *Lancet*, started by our distinguished friend, Prof. L. M. Lawson, some twenty years ago, and since conducted by the assistance of the late lamented Prof. Harrison, Prof. Mendenhall, and after a time passing into the hands of Prof. Wood, and then conducted by Prof. Geo. C. Blackman, has always been the representative of rational and legitimate medicine. It has always been the advocate of the code of ethics. For the last year, since our connection, it speaks for itself. Then what do you mean, friend Wright? Name the offensive journals which you are "rather shy of."

Our Terms.—We have written a paragraph somewhat *in extenso*, explaining, in reply to several correspondents, the reasons which induce us to publish the terms of this journal, with an apparent excessive disparity between our price to clubs and single subscribers. As we have not room at present for what we wanted to say, we must ask our readers to trust to our sincerity, when we declare, that while we have every disposition to equalize our terms to all our subscribers so far as possible and reasonable, yet that, in looking over the whole ground, we do not at present see our

way clear to make any material modification in our rates that would prove additionally acceptable to our patrons, and be at the same time safe to ourselves. We have the gratification, however, of knowing that the present arrangement has, in the main, worked well during the past year: serving as a stimulus whereby our subscription list has had large accessions.

Smith's Physician's Synopsis and Diary.—We have had laid on our table by the author a book with the foregoing title. It is a large page blank book, ruled so that each page, representing a month, is calculated to show, at a glance, the practice of each day, and each day's record, types of disease, rate of mortality, and a space for current remarks. The plan appears to us convenient, and well suited to the purpose of a physician's general diary of the matters that come under his observation, and which he would often be glad to recall. With such a synopsis and diary on the table, the most busy physician will be tempted to make his regular daily record, while otherwise he would scarcely feel it to be but a grievous drudgery. The book is sold by the author, Mr. E. K. Smith, Principal of Smith's Mercantile College, No. 51 Fourth Street, Cincinnati, for \$2 per copy, and has space for a daily record for five years.

Excitement among New York Doctors.—A correspondent of the *Buffalo Commercial*, writing from New York city, states: "The sons of Esculapius are violently exercised, in consequence of a case of alleged malpractice laid at the door of one of their number, who has hitherto stood, if he does not now stand, A No. 1 in the profession. I allude to the death, a few days since, of a son and heir of the well known millionaire and merchant, Stephen Whitney, which is said to have been caused by Dr. Green perforating his windpipe, while administering an injection for a sore throat. The affair has created, and is now creating a great stir; and no wonder, for deceased was looked upon as the sole inheritor of estates valued at some five or six millions of dollars. At the last meeting of the Academy of Medicine, Dr. Green denied the allegations of malpractice, and demanded an investigation, which has been accorded him. The Academy will meet on Wednesday evening next to make their report, which, I understand, will be dead against the doctor."

Correspondents—Who have so kindly favored us with carefully prepared articles, will please exercise all reasonable patience. We desire to publish accepted articles as soon as at all possible; but we must have some respect to variety, and to keeping up the general plan and arrangement of our publication. And although, as we go to press with this number, we have matter enough already on hand for another, yet we hope our friends will be quite as industrious as heretofore, and continue to supply us with the same abundance of original articles; when good, they usually keep. —The communication of M. D., although virtually assumed by us in another place, does not appear because the author's name is not given us. —The article by Dr. B., of Knoxville, Illinois, is exceedingly amusing, and would doubtless be acceptable to many of our readers; but, after some hesitation, we have decided it to be not quite appropriate. We hope he has broken the ice, however, and shown that he can use the pen so well, that we shall hear from him again. —We have something to say on the communication signed "Montgomery." Our columns are so crowded, however, that we must postpone this till the next issue.

The Mineral Waters of the Ohio White Sulphur Springs.—Although necessarily of considerable length, we think the article in this number by Dr. Dawson will be read with much interest. The subject of the mineral waters of this State has frequently been before the State Medical Society, and the importance of the matter is generally conceded by the profession. The Dr. spent much of the past season at the Ohio White Sulphur Springs, and had excellent opportunities for observing its remedial virtues; and he has given a very careful synopsis of these observations in the paper,—and as that is very full, we add no further comment, but to commend its perusal.

Our Southern List.—We are much gratified with considerable recent additions to our list from Alabama and other extreme southern sections. We have no great faith in sectional medicine, and make no profession of our especial "devotion to the treatment of southern diseases," still we do not doubt we shall find enough of common medical ground to stand upon, and whereby we may be able to render our journal an acceptable office visitor either North or South.

New Remedies and Drugs.—The list of new remedies given in the card of Messrs. W. J. M. Gordon & Bro. will be very acceptable to physicians. Theirs is the only chemical laboratory in the West, and they are engaged in the manufacture of a great many very desirable and very reliable articles. Also, for everything under the general head of *Drugs*, we call especial attention to the cards of J. W. Hannaford, Sixth and Western Row; Geo. M. Dixon, Fifth and Main, etc. Do not overlook the card of George Ashmead, of Philadelphia.

Holston's Introductory.—We have received and read with much pleasure the address of Prof. Jno. F. Holston, at the opening exercises of the present session of the National Medical College, at Washington. We are glad to learn, also, incidentally, that this institution is in a prosperous condition.

Eight Pages Extra.—On account of the unusual space occupied by Dr. Dawson's article, together with the large amount of matter pressing for insertion, we add to this number half a form more than the regular size of the monthly issue: or seventy-two pages instead of sixty-four.

The Transactions of the American Medical Association for 1858 has been received by members in this city. It is a very large volume, making somewhat over a thousand pages. It contains much very valuable matter, and the illustrations of some of the articles are very fine. The price of the volume is three dollars; and should any of our readers desire to procure it, they can do so through Professor Mendenhall, of this city, who will forward any monies he may receive for that purpose.

The Charleston Medical Journal and Review.—J. Dickson Bruns, M.D., editor and publisher. We have just received the January number of this high-toned and excellent journal. We have in times past regarded it as among the best journals of the country. Its editors have invariably been gentlemen of fine scholarship and medical abilities. Dr. Bruns, the present editor, is not a whit behind his predecessors. The present number is filled with excellent and able articles. To those of our readers who wish a good journal from the South, we cordially recommend the *Charleston Medical Journal and Review*. Subscription: Four dollars per annum in advance.

Necrology.—M. Bounet, the great surgeon of Lyons, France, is dead. He is regretted by the entire profession of his native country. The people of Lyons are raising a fund to erect a monument to his memory. He did much for surgery, and is a great loss.—M. Berard, formerly Prof. of Physiology in the school of Paris, died recently. He was an able lecturer, and left an excellent work on physiology. He was overtaken by apoplexy, while busily at work on physiological investigations.

LITERARY EXCHANGES.—We trust our strictly scientific readers will bear with us in an occasional acknowledgement of the courtesies which we receive from our secular and literary exchanges. Many of these are valuable visitors to the family circle, and while every physician should have one or more standard medical journals on his office table, he should at the same time remember the wants of his wife and family for proper reading matter.

Ladies' Repository.—Edited by D. W. Clark, D.D., and published by the Methodist Book Concern, Cincinnati, at \$2 per annum. Of its class, the best periodical in the country.

Godey's Lady's Book.—As a lady's magazine, we have often said that *Godey* stands, for the past quarter of a century, unrivalled. Its embellishments, patterns, music, good moral tone of its literature, and its hundred other acceptable features, make it fit for every family circle. Price \$3 per year, or, to clubs of five, \$2 per copy; for \$5 per annum, we send the *Lancet and Observer* and *Godey*. Many of our subscribers avail themselves of this arrangement.

The Templar's Magazine.—Edited and published by J. Wadsworth, Cincinnati, at \$1 per annum. This is the oldest temperance magazine in the country, now entering upon its ninth year.

Great Republic Monthly.—Succeeds the publication of *Putnam* and *Emerson*. We have the numbers for January and February, which appear excellent. The paper is very superior, the articles of a national character, and the embellishments profuse. Terms, \$3 per single copy; two copies, \$5; five copies, \$10.

* * * Other exchanges ought to receive notice, but we must lay them over till another month.

Editorial Abstracts and Selections.

PRACTICAL MEDICINE.

1. *Hydrochlorate of Ammonia in Neuralgia*.—H. C. Brenchly, M.R.C.S., details in the *Lancet* for December a case of a young, unmarried man, aged 23, who, without any other apparent complaint, had long suffered from very severe attacks of neuralgia of the face, coming at intervals of about one month, and lasting from two or three days to a week. He took quinine and arsenic during one of the attacks, with the effect of putting an end to it. He suffered a relapse at the end of a month or six weeks, which was cured in the same way. In a third attack the quinine and arsenic failed to relieve him. On the third day of the last attack he was in great agony, propped upon a bed, and unable to do any thing from the severity of the pain. The left side of the face was swollen, flushed, and hot, with a much higher temperature than the right side. The heat, also, of the inside of the mouth was so great, that I expected to find matter forming from decayed teeth; but none was found. Valerianate of ammonia was tried, without any effect. The hydrochlorate of ammonia was given, in half drachm doses, every hour, in camphor mixture. Three hours afterwards he was much better, after the second dose; and after the third he was almost free from pain, and begged to be allowed to continue the remedy. The heat and flushing of the face and temperature of the mouth had subsided. He continued the remedy for three or four days, in fifteen grain doses three times a day. Three months have elapsed without any return of the disease. The remedy is suited to those cases attended with heat and swelling. It is an indirect arterial sedative.

2. *Apocynum Cannabinum (Indian Hemp) as an Anti-Periodic in the Treatment of Intermittents*.—Dr. Peterfield Trent, of Richmond, Va., in a recent article in the *Southern Med. and Surg. Journal* recommends Indian hemp as a remedy in the treatment of intermittents. He reports several cases from his practice which were promptly cured by the use of this agent, some of them having previously failed to yield to full doses of the sul-

phate of quinine. His mode of administration was to give five grain doses of the powdered root of the *apocynum cannabinum* every two hours, during the period anticipating the chill; this course continued until twelve doses of the remedy were given, first directing a moderate calomel cathartic.

3. *Tinct. Ferri Mur. in Hemoptysis*.—Dr. Isaac Remington relates (*Med. and Surg. Reporter*) an interesting case of hemoptysis successfully treated with the muriated tincture of iron in large doses. The patient was aged about thirty-six, married, of scrofulous habit, and had had previous hemorrhages from the lungs. The following embraces the essential portion of the case: "March 10. Visit 9 o'clock A. M.; ordered tinct. ferri mur., gtt. x. every hour, in sweetened water, and to suck a raw egg every two hours; 6 o'clock P. M., the hemorrhage recurring very profusely, I administered gtt. xl. at one dose. . . . 11th. At 12 o'clock M. my friend Dr. Gilbert saw the case with me in consultation. Our patient continued to experience occasional returns of hemorrhage during the day, although the dose of the iron was augmented to xx. gtt. every two hours. . . . 12th. 9 o'clock A. M. some improvement apparent; had a return of hemorrhage at 11 A. M.; met Dr. G. at 12 M.; continued tinct. ferri mur., suck raw eggs, to give the iron in gum water as a vehicle, to give ice cream, and occasionally ice; at 4 P. M. there was a slight return of hemorrhage. . . . 13th and 14th. Slight returns of hemorrhage once each day; iron, raw eggs, oysters, and ice cream continued. No further hemorrhage, and speedy convalescence.—The amount of blood discharged during this attack of hemoptysis, lasting about ten days, could not have been estimated at less than one gallon. So profuse a hemorrhage, occurring in a constitution impaired by frequent previous attacks, associated with a strong and well marked hereditary predisposition to phthisis, and to eventuate in recovery by the use of tinct. ferri mur., affords us a high degree of satisfaction; and, with the hope that its details might prove not altogether devoid of interest, we submit it for publication."

4. *Dropsy treated with Lemons*.—Dr. Trinkowsky, a Russian medical officer, reports that in many cases of dropsy, which he has treated within the last seventeen years, he has observed the diuretic operation of lemons in a most remarkable manner, and

even where other remedies had failed. He is in the habit of directing that a lemon, freed from its skin, should be cut in pieces and sprinkled with sugar, and eaten by the patient; the dose at first to be one lemon in the day, gradually increasing the quantity, so that in one of its recorded cases eighteen were consumed in twenty-four hours. If pyrosis be produced, magnesia is given, and if the bowels be acted on, the use of lemons should be intermitted for a day.—*Dublin Hospital Gazette: American Journal Medical Sciences.*

SURGICAL.

5. *Removal of Cancerous Tumors*—By E. L. Hoof, M.D., of Buffalo, Virginia. Amongst a somewhat voluminous supply of contributions just now on hand for the *Lancet and Observer* is an article by Dr. Hoof, of Virginia, relating the history of a case in which he removed, at different times, within a few months, three large tumors of a cancerous character. The details, although very readable, are too lengthy, and not of sufficient peculiarity, to warrant their publication in full, in the present abundant supply of matter; and although we dislike the task of mutilating an article so carefully prepared, we must ask the patience of the author to permit us to condense his case into an abstract.

The patient was a lady, aged sixty. The tumors, situated in the right breast and axilla, had rapidly developed within about three months; her constitution and general health unfavorable for an operation. After preliminary treatment, a portion of the tumors were removed by the knife, January 7, 1857, the patient being placed under the influence of ether. The remaining mass was removed the next day, the Doctor fearing the effects of the shock on the system if completed at once. The weight of the tumors removed were, respectively, $16\frac{1}{2}$ ounces, 24 ounces, and 32 ounces,—in all about $4\frac{1}{2}$ pounds.

Considerable space is occupied by the essayist in detailing what he regards as important subsequent constitutional treatment; but it is not essentially different from that adopted by good surgeons generally. After enjoying apparently good health for several months, the patient died from a pneumonic attack, brought on by exposure to rain.

6. *Hemorrhage from the Ears not always present as a Sign of Fracture of the Base of the Skull.*—Mr. C. C. Rutherford, assistant surgeon 2nd Dragoons, British Army, reports in the November No. of the *Lancet* the case of a private of the 2nd Dragoons, aged twenty-three, who, while exercising a young horse, was thrown, and pitched on his forehead. He was taken up insensible, and carried to the hospital at 10 A. M. He presented the following symptoms on his admission: total unconsciousness and complete loss of power, stertorous breathing, both pupils firmly contracted and insensible to light, skin hot and perspiring, pulse full and compressible; vomiting occurred on his being put to bed, urine dribbled away involuntarily, but the fæces were retained. *There was no hemorrhage from either ears or nose.* No fracture of the skull could be detected. The symptoms and general condition continued for twenty-three hours, when he died. Autopsy, thirty hours after death: a contusion over left frontal eminence and ecchymosis of the left eye, effusion of blood under left temporal muscle; dura mater much congested, cerebral surface very vascular, with coagula at base of brain; bloody points on section of the brain. A fracture, without depression, of the squamous portion of the left temporal bone was ascertained, extending internally across orbital plates of the frontal, and descending into the cribriform lamella of the ethmoid bone.

OBSTETRICAL.

7. *A New Form of Pessary.*—From an interesting article on pessaries, by Dr. Noeggerath, in the *New York Journal of Medicine* for September, 1858, we condense the following notice of an improvement on Zwank's pessary. It is somewhat difficult to give a clear idea of this pessary without the wood cut illustration, but Mr. Woche, of this city, is making them, and they can be seen at his establishment in the College building, on Sixth Street. "In 1853, Dr. Zwank, of Hamburg, published his new *hysterophor*. It consists of two ovoid thin pieces of metal, covered with india rubber, or of wood, connected on one end by a joint. In the neighborhood of this joint, on the external surface of the wings, is a metallic pin on each side, two inches long, which can be screwed together at the lower end. In applying the instrument,

the wings are approached as much as possible and introduced, so that its convex portion is turned towards the os sacrum and pushed upwards as high as possible, towards the anterior portion of the laquear vaginae in front of the cervix uteri; afterwards the lower ends of the metallic handles are compressed, and fastened by the screw. In this position the instrument is retained by itself."

In 1857, Dr. Eulenburg, of Coblenz, made some material modifications in the Zwank pessary—improving upon the material used, its lightness, and its convenience of adaptation. "It is made entirely of boxwood, and its wings are a little differently shaped, viz.: they are slightly curved downwards at both ends, so that the lower side forms a concave surface. Both wings move in the centre part by two joints, thus leaving a hole in the middle, through which the secretions of the vagina are allowed to escape. Instead of the screw, Dr. Eulenburg perfected the opening and shutting of the wings, by means of an elastic india-rubber ring, which runs in a channel around the body of the hysterophor, immediately below the two joints." "The first application of the instrument ought to be performed by the physician himself, who has to choose the size required for every case. His judgment will be conducted by the sensation of the patient, after walking to and fro for awhile; and more so by the way in which the india-rubber ring contracts."

8. *Leucorrhœa*.—In vaginal discharges, Mr. Lloyd, of St. Bartholomews, employs injections of a solution of bichromate of potassa, five to sixty grains to the ounce, with good results. It is stated (*Medical Times and Gazette*, Jan., 1858,) that the preparation is much used at the Liverpool Infirmary to correct the fetor of foul wounds and ulcers. The power of this solution as a prescriptive fluid is well known.—*Montreal Chronicle*.

9. *Complete Evolution of a Child in Utero*.—Dr. James Jones reports, in the December number of the *London Lancet*, the following case, the like of which he has not been able to find reported in any medical journal:

"Mrs. J. B., a lady from Tasmania, was taken in labor at the expiration of her third pregnancy, on the 17th of July last. After fifteen hours of pain, she was delivered of a male child, and about ten minutes afterward the membranes of a second foetus be-

gan to come down. On their being ruptured, both feet descended low in the vagina, when, as is my usual practice, I grasped both legs high above the ankles, and waited the return of an expulsive pain, which soon coming on, I began to make some traction. To my great surprise, I found the legs forcibly drawn from my grasp, until they quite passed above the pelvic brim, and their place then became occupied by the head, which soon descended (face to sacrum), and the labor was rapidly completed. The child appeared still, but artificial respiration being maintained for ten minutes, he cried lustily. As the shoulders passed the external outlet, I found the right leg forcibly bent on the body, the foot resting on the right shoulder, or rather in the space between the arm and chest. The other leg was born in the natural position."

OPHTHALMOLOGICAL.

10. *Chloride of Zinc and Glycerine in Ophthalmia of New-Born Children.*—Dr. A. McMillan recommended a solution of five grains of chloride of zinc, in half an ounce of glycerine, (the two to be well triturated in a glass mortar,) as an application in the ophthalmia of new-born children. He applies a few drops three times a day.—*Medical Times and Gazette: Amer. Med. Journal.*

11. *Six Cases of Cataract in the same Family.*—Mr. J. F. Streatfield states (*Ophthalmic Hospital Reports*, No. III.,) that he has lately seen a family of which five children and their mother had double cataracts. Dr. W. H. Williams also reports a similar instance (*Boston Med. and Surg. Journal*, Sept. 23, 1858,) in which he found five cases of cataract in a German family, the mother and four children.

12. *Secale Cornutum in Asthenopia.*—Prof. Von Millebrand states (*Archiv. für Ophthalmologie*) that he has employed "secale cornutum in several diseases of the eye, in which he believed the evil to be removable by recalling a brisk contractility in the walls of the blood-vessels, or in other structures furnished with unstripped muscular fibres. This remedy has proven of the greatest advantage in disorders of the adjusting power of the eye." In cases which are detailed, the remedy was administered in doses of ten grains with carb. magnesia, four times a day.

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CONDUCTED BY

E. B. STEVENS, M.D., AND JOHN A. MURPHY, M.D.

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Original Communications.

ARTICLE I.—*Bronzed Skin, with Disease of Supra-Renal Capsules.* By WILLIAM KRAUSE, M.D., Cincinnati.

The supra-renal bodies, the anatomical structure of which has been minutely examined of late by Bergmann, Eckert, Frey, Koelliker, and Harley, have been ranged sometimes with regard to their cortical substance among the vascular glands; by others they were considered an organ, intimately related to the nervous system, on account of the many nerves which their central substance contains. Their functions, however, were entirely unknown. The large supply of blood which they receive from four different sources, the numerous nerves (Koelliker counted thirty-three of them) coming directly from the cœliac and renal plexus, their early development in the fœtus, and their permanence up to the most advanced age, seem to be indicative of the high importance of these organs to the human system.

Laségue, when speaking of Addison's work on the constitutional and local diseases of the supra-renal bodies, has taken pains to collect the different views taken on the function of these bodies. The belief formerly current, which made their function related to that of the kidneys, refutes itself by the observation that they

retain their place in cases of congenital displacement of the kidneys. Again, they have been taken for generative organs, or a system of blood-vessels analagous to the portal system of the liver. The atrophical condition of the supra-renal bodies, as observed by Hewson, Meckel, Cooper, Klein, Rayer, and Bergmann, induced the latter to look upon them as a ganglionic organ, directly communicating with the brain, and by the sympathetic nerve with the par vagum. Brown-Séquard related them on similar grounds to the spinal marrow. Cassan's observation, finally, who found the supra-renal bodies largely developed in negroes, seems to justify the inference that their function bears a relation to the formation of pigment in the human system.

As regards their pathology, Rayer first mentioned apoplexy and cancer of the supra-renal bodies; Louis, Andral, and Rokitansky, tubercles in them; Naumann, and Ruppis, the encysted dropsy of that organ. Others, in fine, found it withered, suppurating, and indurated. A satisfactory physiological knowledge, thus, of the supra-renal bodies had not been obtained. Addison, therefore, deserved well of our science when he tried to shed light on the symptoms and diagnosis of the diseases to which they are subject, and on their physiological action. His eminent monography originated reports of many other cases of supra-renal disease, observed especially by English authors, and described under the name of *Bronzed Skin*. Their description not being quite in harmony with that furnished by Addison, it may not be out of time to recapitulate his remarks.

Addison had sometimes met in his practice with cases of general anæmia, the cause of which could not be detected. This idiopathic anæmia always presented the same features, took the same march, and, with a single exception, always terminated fatally. Persons of middle age, robust frame, and a tendency to obesity, mostly were the subjects of the disease. Its symptoms stealthily approaching are those of a deeply rooted anæmia, which gravely affects both mental and physical qualities, and after some weeks or months draws to a fatal close by exhaustion of the system, without, however, diminishing in the least the volume of the body or its adipose tissue in store. *Post mortem* examinations revealed no cause of death. The only thing constantly found was the excessive formation of fat. From chronological

reasons the blood was examined for its number of uncolored corpuscles (Virchow's and Bennet's researches not being known yet) only in his last case; and in this they were found in excess, while the supra-renal bodies were not much diseased, and consequently no discoloration of the skin perceptible. The pathognomonic symptoms of the disease, therefore, are: anæmia, general languor and debility, weak action of the heart, disturbed circulation in the brain, irritability of the stomach, amounting even to uncontrollable vomiting, and a peculiar change of complexion, in conjunction with a diseased condition of the supra-renal bodies. The skin shows itself discolored, sometimes all over, sometimes only in plaques, varying in color and shade from amber to nut-brown: in one instance the patient resembled a mulatto. Interpolated isles of white color seem to owe their origin to a want of pigment, as Addison found them not only on the skin, but at the same time on the peritoneum, mesentery, and omentum. They were of the size of petechia, according to Tables VII. and X. of Addison's illustrations. This peculiar discoloration commonly increases in proportion as the other symptoms of cachexy become more aggravated. The skin, however, never gets dry and hard, nor does any remarkable emaciation fall under observation. The patient sinks and dies without any complaint of pain or distress.

The disease, even according to Addison's limited observations, does not seem to be rare, especially when we consider with how many difficulties the diagnosis of it has to contend at the present state of our knowledge. It becomes, however, the more important to find some means for the early diagnostication of the disease of the supra-renal bodies, there being little hope for recovery after the symptoms are fully developed. The dirty brownish hue of the skin and symptoms of anæmia, referable to no common cause, are perhaps the only safe points for a differential diagnosis.

Hutchison has collected sixteen cases in addition to Addison's eleven. He draws from the total number of twenty-seven the following conclusions: 1st, There has not been observed a single case yet which terminated in recovery after it was clearly marked by a bronzed skin; 2d, Whenever the supra-renal bodies were found diseased, the skin showed itself more or less discolored during life-time. His first assertion may not hold good in his twentieth case, reported by Peacock, in which the patient died of

a cretaceous body in her medulla oblongata, though she is described as having looked like a mulatto, and her symptoms generally were those of Addison's disease. His second apodictical inference is subsequently somewhat modified by the remark, that the supra-renal bodies may be partially disorganized and yet perform their function, thus preventing a discoloration of the skin, or rendering it, at least, less intense. The same negative result will be observed when the supra-renal bodies are destroyed by disease so quickly that there is no time for the deposition of pigment in the skin or other organs before death. By this way of inference, of course, seven cases are included in which there is an utter want of proof that the discoloration of the skin and anæmia were owing to the disease of the supra-renal bodies. In Addison's tenth case of death by carcinoma uteri, the skin was bronze-colored, though the function of the supra-renal bodies apparently had never been disturbed. In his seventh case, both supra-renal bodies were destroyed by cancer, yet the patient's skin looked but light-brown. Take, moreover, into account that in these twenty-seven cases organs showed themselves diseased which are held to be much more important to the economy of the human system than the supra-renal bodies, and Bouchut's remark appears well founded, that the whole group of Addison's symptoms is more naturally explained by some cachexy, though its nature be unknown, than by the disease of some small organs, which had been found diseased before without ever mention being made of bronzed skin by anybody but Bright and Rayer. A deposit of pigment—so Bouchut, Dechambre and Posner remark—attends all cachexies, and proves nothing but the existence of some grave and deeply rooted disease.

Such was our imperfect knowledge of the disease described first by Addison, at the close of the year 1855. Dr. Mœckel, of Leipsic, to whom I am indebted for the material of the first part of my report, makes the just reproach, that by most of the respective authors an exceedingly loose and meaningless terminology prevails. They have also neglected to sift the symptoms so as to tell which of them were attributable to the disease of the whole system, which to the affection of a single organ. The careful German observers, therefore, looked then upon Addison's disease as a mere hypothetical one, though well worthy of atten-

tion. The proof for this I find also in the report of a case observed at Vienna by Prof. Oppholzer, and kindly furnished to me by Dr. Strothotte, of Newport. I will give here his notes, as taken by him, this case to my knowledge never having been published.* It is, of course, unfit for proving the correctness of Addison's view, as the doctors had no chance for examining the body *post mortem*.

A male patient, thirty-seven years of age, shows discoloration of his skin, extending also to those places which had not been exposed to the sun. The mucous membrane of his mouth is covered with dark, blue patches. His nipples are tinged very darkly. On his integuments some lenticular black stains of pigment are seen. His hands were seen to discolor first, though they had never been particularly exposed to sunlight. The patient used to work in copper and silver mines. The hue of his skin resembles exactly that of men colored by nitrate of silver. In cases of argyria, the chlorides of silver have never been detected in the skin. Its peculiar color depends on the pigmented cells, which are found in the rete mucosum. The patient, when eight years of age, suffered from dropsy; had an attack of intermittent fever in his sixteenth year; spit, occasionally, blood for ten years, from his twenty-third; was then afflicted again with intermittent fever for three months, though he used quinine all this time. The skin had presented, up to a recent date, a normal appearance. The patient had always rested well; never suffered from vertigo.

His sclerotica at present looks dirty white. For five months he has suffered from bilious vomiting and diarrhoea, sometimes alternating to constipation. His submaxillary lymphatic glands are somewhat swollen. The mucous lining of his mouth is of a leaden color, also the edges of his gums. The color of his tongue is natural. His mouth never felt sore, nor did he to his knowledge ever take mercury. His hæmoptœ ceased ten years ago. There are some rales yet in the apices of his lungs; no signs, however, of consonance. His appetite is usually bad; his liver and spleen slightly enlarged. He complained of pain in his back, which subsided after the application of wet cups. The left transversal processes of his lumbar vertebræ are still very tender; also pro-

* Lately I found this case reported in "Wien Zeitschr," xii., 30, 31.

nation and supination of his body very painful. Inclination to the right side causes more pain than to the left. The soft parts about those vertebræ are not tender. The painful sensation, therefore, depends on the vertebræ or their ligamentous apparatus.

The urine of the patient is clear and sour, its specific weight 1417. It contains no albumen, no urates, no uroxanthine, no sediment, a good quantity of chlorides, plenty of phosphates of alkali, extractive matter and urohamatine in somewhat diminished quantities.

Prof. Oppholzer simply stated that Addison diagnosticates, in such cases, disease of the supra-renal bodies. The melæna of the patient's skin and the other symptoms could neither be explained by a cancerous diathesis nor mercurial intoxication. Deposition of pigment in the brain and kidneys had been seen after intermittent fever of long duration. The patient, being wealthy, and the prognosis fatal, is to be sent to Karlsbad for six weeks.

An equal prudence was not manifested by the English in the adoption of a new species of disease. Almost unanimously bronzed skin was recognized as the symptom of the disease of an organ, all the relations of which had been unknown heretofore. Also the French reporters suffered Addison's view to pass uncontroverted. Imbert-Gourbeyere even felt himself compelled, by national jealousy, to tear the laurels of the discovery from Addison's brow and add them to those of Hippocrates. Soon, however, the spirit of legitimate doubt began to stir, and we owe to this, if nothing else, at least some highly valuable researches on the physiology and pathology of the supra-renal bodies, which some time will bear ample fruit. It is, however, a strange fact, that of seventy-seven cases on record, up to May, 1857, only one case has been observed in Germany, another in Italy, and the rest in America, England, and France. The high figure of fifty cases, observed within the short period of three years, certainly justifies some doubt whether all these cases were identical with the disease described by Addison. From those cases reported up to 1855, seven were to be eliminated; among those of more recent date, a much larger number remain doubtful.

Only eleven cases in all are reported fully, with the results of *post mortem* examination. The rest, or forty, either are deficient

in this, or show want of diagnostical acumen and exactness, so as to be without any value for our purposes. The first case narrated by Trousseau, in France, is especially interesting in this respect, that the tubercular degeneration of the supra-renal bodies was the only perceptible cause of death, and his carefully worded proposition, that our knowledge of the causes of anæmia has been enlarged by one more, could not successfully be controverted by the skepticism of Bouillard, Gibert, Delpierre, and Tholozan. The most important case in the casuistry of our disease is perhaps that of Féréol, his report being completed by the microscopical examination of the patient's skin by Valpian and Robin. These reliable observers found in the rete malpighia a dark nut-brown pigment, coloring the nuclei of the cells around the papillæ, and appearing in the form of granula in the oval cells of the lower strata. According to Féréol's expression, they resemble exactly those in a negro's skin, or in that of a sunburnt European. Burrow's and Baly's examinations of their cases fully confirm the description given by the French authors. The other cases, which more or less go to prove that the morbid changes of the supra-renal bodies caused the fatal termination of the disease and discoloration of the skin, are those of Malkerbe, two of Taylor, of New York, one by Munroe, one by Mittenheimer, observed several years before the appearance of Addison's monography, one by the Italian Minzoni, one by Teaffreson, and one by Bender, who even detected, by palpation, during the life-time of his patient, a solid tumor, corresponding in site to that of the supra-renal bodies. The other reports by Seux, Imbert-Gourbeyere, Chevandier, Teaffreson, Taylor, Edwards, Fletcher, Kirkes, Barlow, Christie, Rootes, Gibbon, and Wallace, we must leave for the present unnoticed, because they either fail to show that a degeneration of the supra-renal bodies coëxisted with the change of color in the skin, or no full inventory of the pathological changes after death was taken.

Another series of cases, finally, comprises those in which bronzed skin was remarked during the patient's life, while dissection revealed no disease of the supra-renal bodies; or, in the reverse, the supra-renal bodies were found diseased without discoloration of the skin. Here belong especially two cases by Puech, and two by Fletcher, four by the reporter in the *British Review*,

of October, 1856, as also two by Peacock, and one by Ogle. The negative results of these observers, however, prove very little against Addison's view, as he expressly states, that the bronzed skin depends on the degree to which the supra-renal bodies are degenerated and their function impaired. Certainly these organs may be affected by some acute disease : for instance, a fresh deposit of tubercular or carcinomatous matter, while the skin remains uncolored, because there was no sufficient time for the deposit of pigment in it. In chronic cases of disease of the supra-renal bodies the bronzed skin was never found wanting, and Puech's cases may not fall within the category of Addison's disease, the characteristic group of cachectic symptoms being absent altogether.

Among the seventy-seven cases thus on record, forty-eight are males, nineteen females. In nine cases the sex is not stated. The male sex, therefore, seems to be more disposed to Addison's disease by forty per cent. than the female one. The age of forty-three individuals was only in nine instances below thirty years ; the youngest patient was eighteen, the oldest sixty-three years of age. Most of the patients pretended to have been healthy up to the time when their integuments began to discolor. What were the first signs of the disease is a question yet difficult to be answered. In thirteen instances the discoloration of the skin is expressly stated as the first symptom ; in sixteen, various signs of disease, as debility, vertigo, emaciation, nausea, want of appetite, pains in the groins, preceded a short or long time the change of complexion. In Taylor's second case, the interval between the two did not amount to more than two weeks. In opposition thereto, some brown spots on the forehead had remained stationary for eight to nine years, in Monroe's case, before the patient noticed symptoms of exhaustion and the increase of the pigmented parts in circumference and intensity. The degree of discoloration varied from greenish yellow to brown, and even the darkness of a genuine negro in thirty-five cases. Of the remaining eight, the skin looked pale, instead of bronzed, only in four instances. The supra-renal bodies were examined in twenty-one out of thirty-four cases. On the other side, twelve cases are on record in which the complexion either was not changed, or strikingly pallid ; twelve cases which bear testimony to the fact that

diseases of the supra-renal bodies are not necessarily attended by bronzed skin. If we include those four cases in which bronzed skin existed beyond a doubt, without supra-renal degeneration, the proportion between this and bronzed skin without it is almost equal—seventeen to sixteen. Nine times the supra-renal bodies were tubercular; three times they were found degenerated into masses, probably consisting of tubercular matter in regressive metamorphosis. Twice cancer, twice serous cysts, in one instance cyrrhosis, are named. In those sixteen instances in which bronzed skin did not coincide with morbid changes of the supra-renal bodies, tubercular deposits were discovered five times; five times cancer of the kidneys,—which in one instance contained a fibro-calcareous deposit without discoloration of the skin; and five times bronzed skin with normal supra-renal bodies. Only in seven cases the cause of death can be ascribed with certainty to the tubercular and dropsical condition of the supra-renal bodies. In Monroe's case it remains doubtful whether the atrophy of the intestinal mucous lining and inflammation of the branches of the sympathetic nerve were not more instrumental in causing the fatal termination, than the discoloration of the skin, which had existed for nine years without effecting material injury. The same doubt applies with equal justness to Taylor's first case, which showed a complication with morbus Brightii in both kidneys. In the other cases too important alterations in other organs were present to justify a reference of the fatal termination to the diseased state of the supra-renal bodies. The duration of the disease is very different. It varies from three weeks to several years.

[Conclusion in next number.]



ART. II.—*Sanguinaria Canadensis*: Its Use in Dysmenorrhœa.

By JOHN D. O'CONNOR, M.D., Sunfish, Ohio.

Among the various afflictions to which the female, from her peculiarity of formation, and the supplementary functions performed in her physical organization, is subject, there is probably none that calls for more care and attention from the judicious practitioner of the healing art than dysmenorrhœa.

The interruption or suppression of any one of the vital func-

tions is always attended with danger, immediate or remote. The ultimate danger, as a general rule, being in proportion to the importance of the functions thus suspended or interrupted in the economy. Or if not important *per se*, it then becomes so in proportion to the complications that may arise—or, we might say, *must* arise—from the necessary derangement of other organs. That these complications, in the diseases under consideration, are often times of such a character that they supercede, or at least overshadow, the primary affections, I need not take time to argue, as they must be sufficiently evident to the most superficial observer.

Among the vast host of our young females who are annually hurried to the tomb by that fell monster, consumption, how many, how very many of them, if traced to their primary starting point, would be found to have proceeded from dysmenorrhœa! I would almost be willing, from my own observation, to venture the prediction, that were we to learn the history of all cases of accidental or sporadic cases of consumption in the female, we would find that the pulmonary affection had been preceded by dysmenorrhœa, for a longer or shorter period. And in those cases where there was a hereditary predisposition to phthisis, the precedent primary difficulty of obstructed catamenia would no doubt be found not unfrequently to have obtained.

If these preliminary propositions and suggestions contain any considerable amount of truth, it behooves us, as the guardians of suffering humanity, to cast well around us for a remedy, or remedies, that will enable us, by their judicious administration, to relieve the weaker, if not the better part of it. Would it not also be well for us, in our management of anæmic and chlorotic females, to institute a rigid inquiry into the condition of catamenial flux—not only its present condition, but what was its condition at the first onset of ill health? And then, while we were making use of the necessary remedies to restore the general health, to the anæmic or chlorotic habit, would it not also be well for us to conjoin therewith such remedies as would tend in their actions to restore the uterine organs to a free, healthy discharge of their functions? Assent being given to these queries, we will, after this apparent digression, return to the subject announced.

It is not our design to furnish an egotistical array of cases, but to make a simple statement of facts, in regard to the effects of this remedy in the disease under consideration. In the early part of my professional career I used the remedy of one of America's great physicians—viz., tincture of guaiacum, with but indifferent success; in fact, so indifferent that I found my prescriptions were from time to time thrown aside in one neighborhood, on account of their inefficiency, for a domestic preparation; which preparation, on examination and inquiry, I found to be tinct. sang. canad. Not being disposed to denounce a remedy on account of the humility of its origin, I commenced using it in cases of dysmenorrhœa, and found that I was much more successful with it than with any former course pursued by me. I also instituted a comparative test with it and Dr. Eberle's great remedy—tinct. polygonum hydropi; and although I treated several cases with this remedy successfully, yet some, which would not after a fair trial yield to it, readily gave way under the use of tinct. sanguinaria canadensis. For the last twelve years I have used the tincture of sanguinaria exclusively in the treatment of dysmenorrhœa, and have recommended it to others, who speak favorably of its effects. In that time I have probably treated as many cases of this disease as usually falls to the lot of the village practitioner, and as yet have no cause to find fault with the efficiency of the remedy.

My mode of administering is to commence a fortnight before the expected return of the menses, and give teaspoonful-doses of the tincture three times a day, and a tablespoonful on going to bed (preceded by a warm pedeluvium, or, in bad cases, a semicupium). If the secretion is not restored at the time, I remit the use of the remedy for a fortnight, and proceed as before. In the meantime I make use of such hygienic treatment and regulations as the general indications may demand. These, of course, are not uniform in all cases, but are governed by all the various circumstances and conditions that regulate us in the treatment of any other disease. When the full effect of the remedy is produced, it is characterized by slight nausea, pain in the loins, extending through the hypogastric and iliac regions, as well as down the thighs. These symptoms sometimes manifest them-

selves once or twice, before the discharge is completely established.

Of the *modus operandi* of the sanguinaria in relieving suppressions of the menses, I know nothing; and yet, perchance, this may be as much as any of us know in relation to the *modus operandi* of many other articles in the relief of diseases for which they are so confidently administered. I believe it is a conceded fact, that each and every organ and tissue in the animal economy is possessed of a *vires vitæ*, which *vires vitæ* is peculiar to and inherent in such organ or tissue. That this *vires vitæ* is susceptible of being acted upon, stimulated or depressed by appropriate agents, follows as a necessary sequence. Add to this the well established principle in therapeutics, that each remedy in the great arcanæ has some inherent property or quality that directs its action to one organ or tissue in preference to all others,—in other words, it is possessed of an elective affinity or franchise, which directs, controls, or modifies its action; and we derive our knowledge of this affinity from accident, from experiment, or after a chemical analysis. We venture to use it when there appears to be a rational adaptation to the pathological condition of the organ or tissue. From these aphorisms, physiological and therapeutical, we may be able to deduce the *modus operandi* of the tincture of sanguinaria in dysmenorrhœa.

The uterus is possessed of a *vires vitæ* which is peculiar to that organ, and it can only be acted upon when in an abnormal condition by the appropriate stimuli. The sanguinaria canadensis is an appropriate stimulus to the uterus when in an abnormal condition. At least such has been my experience for a series of years. To it as an efficient remedy in dysmenorrhœa we would respectfully call the attention of the profession, feeling assured that, should it answer their expectations, as it has met ours, it will prove a much safer remedy to use in general practice than the tincture of antacrida, or many other prescriptions (polypharmaceutical) that are so much in vogue, and are so soon superseded by others of like doubtful efficiency, and of equal liability to deteriorate.

Give it a fair trial, and us the result of your experience, that we may be confirmed in, or have our minds disabused of, the confidence we repose in this article.

ART. III.—*Physicians as Witnesses.* By THOS. A. LOGAN, Attorney at Law, Cincinnati.

Compulsory attendance upon courts of justice, as witnesses, is deemed by physicians inconvenient and annoying. Very few of the profession, however, consider that it is within their own power to lessen this annoyance, and to make intercourse with their legal brethren pleasant and efficient.

The loss of time cannot be avoided. But, aside from this, the dread of an encounter is shared alike by attorneys and physicians, and for no other reason than that both are unacquainted with the rudiments of the profession of the other, and consequently they dislike to be placed where the ignorance of the one may be shown, or the learning of the other be unappreciated.

The lawyer fears the doctor, not knowing how far an otherwise plain case may be damaged by medical ambiguity and technicality. The doctor fears the lawyer, lest a cross-examination may distort his meaning and place him in an absurd position. If the physician knew his rights as a witness, or if the attorney made himself acquainted with the plainest terms of anatomy and medicine, this feeling could be readily overcome.

The primary principles of the law of evidence are easy of comprehension, and the system is something more than mere arbitrary legal logic. Its rules are based upon the wisest experience in human nature, and are, as nearly as can be, infallible in the development of truth. It is not for me to say how great an assistance this knowledge would prove to the practising physician in the diagnosis of many cases of simulated and uncertain disease. But it may safely be said, that an insignificant amount of study would give him knowledge enough to protect himself while on the witness stand, and would enable him to see the legal bearing of questions which are forbidden to be put in a direct form, and thus save him from the humiliation of appearing ignorant of his own science. I have seen many a witness leave the stand covered with confusion, who might by this means have delivered his testimony with clearness and credit.

No scene can be more amusing to the spectator, and more grievous to the professions, than that of an ignorant attorney eliciting evidence from a pompous doctor. When a physician is testifying,

two things seem generally to divide his thoughts: first, his care that he be sufficiently pedantic and technical to impress the jury that he is a wonderfully learned man; and, second, that he utter not one word more than he can possibly avoid. From the first of these causes arises the greater part of the whole difficulty. Physicians apparently will not realize the fact that no man uses such plain language as the *truly* learned man; and that juries, for the most part, are composed of unlettered men, who can only understand the simplest forms of speech.

The professor may be as technical as he chooses when lecturing to his class, but surely when he has to describe a wound to a jury he is not compelled to talk of the "solution of continuity;" neither would his college be apt to brand him as a quack, if he deigned to call the "*vertebræ*" the backbone, or the "*carpus*" the wrist.

An amusing case, fully illustrating my meaning, occurred about two years ago. A client of mine, who had committed a slight assault and battery, was charged with "an assault with an intent to kill." He offered to plead guilty to the assault, but denied the aggravated offence. It was agreed, if the physician said the man was not much hurt, that the plea should be accepted. A note was accordingly sent to the doctor, a young practitioner, and the following reply was received:

"To —: The only external marks of the injury are discoloration of the integuments over the eyelids, and around the orbits, from ecchymosis, and congestion of the sub-congenital vessels, and tumefaction of the nasal organ. But from the anatomical relation of the structure, the force of the blow may have impinged upon deeper and more vital parts, causing very grave and serious lesion. The blow upon the nasal bones may have driven backward and upward the perpendicular plate of the ethmoid, and thus have fractured the cribriform plate, and wounded the anterior lobes of the cerebrum. From laceration of the membranes of the brain inflammation sooner or later ensues, attended with delirium, probable effusion, compression, paralysis, and *death*."

"What!" exclaimed the indignant prosecutor, "discharge a man who has done all this? Never!" When the proof showed that the only injury was a *black eye and a bloody nose*, the prosecutor, still more indignant, charged the doctor with an attempt to

deceive him, while young Galen became profane upon the ignorance of the officer of the law.

Another case occurred in Philadelphia, in which the most eminent counsel at the bar revelled in technicalities of comparison and description with the most eminent physicians of the city. For two weeks the jury listened with the utmost patience to that which they could not comprehend. Dr. Rush was upon the stand for an entire day, and opened his whole store of medical erudition. Depositions of surgeons abroad were taken, and the jury were fast becoming completely overpowered by the abstrusities of the case, when a country doctor compared the subject of inquiry to the "*leaf lard*" in the hog, and proceeded to demonstrate its relations, to the grateful satisfaction of all concerned.

While physicians in their capacity of witnesses are so prone to use technical language, they are sometimes very careless in their selection of English words, and often use words as synonyms which are directly opposed. When they are examined in a case involving capital punishment, the slightest error may be irremediable. Very recently, in this city, two men were jointly indicted for murder. One had engaged in a combat with the deceased, and after a severe struggle for fifteen minutes, during which time he had (as it was alleged) knocked the deceased down with his fist and inflicted many kicks with his feet, he went away. Immediately the other renewed the fight, and soon gave a fatal stab. The knife entered at the left side of the back, splitting a rib, and penetrating the cavity of the chest, cut the left lung horizontally for about three inches. The deceased died in about ten minutes. The man who gave the blow was tried and convicted. The other was tried as an accessory. It became a very material question what effect the blows and kicks had upon the deceased. The doctors were unanimous that the wound was the cause of death, but that being already exhausted from loss of breath in the struggle, death ensued sooner than it would have done otherwise. After much questioning, the physician said "the kicks had *contributed* to her death." This was sufficient to bring the defendant within the indictment; but it was the misapplication of a word. He had not contributed to her death, though it was true that the effect of his blows was to *hasten* death after the mortal blow was struck; and such should have been the answer. The counsel for the defendant

immediately corrected the erroneous impression by asking "if the deceased would have died from the blows and kicks alone, if the stab had not been given?" The physician, a very worthy gentleman, instantly answered in the negative, and ended further dispute. The prisoner was, however, convicted on another ground.

That an acquaintance with the rules of evidence is desirable in a physician is proved by the following. In a case of homicide being examined by the police court, a distinguished surgeon of this city, not having heard the testimony, and being dissatisfied with the hypothetical case made by the counsel, had the witnesses recalled to the stand, interrogated them himself, and then gave such a plain statement of the death being produced by chronic alcoholic congestion of the brain, that the prisoner was immediately discharged. How many are capable of conducting such an examination?

If a physician will tell at once, candidly and in appropriate language, all that he knows of the case in hand, he need have no fear of a cross-examination. The enlightened attorney will see the extent of his meaning without further inquiry, while the unenlightened will shrink from an investigation which he is unable to pursue. Neither need the physician fear that he will lose practice by having his evidence reported in the newspapers without rhetorical flourish or professional bombast.

The great inadequacy of the fees of physicians and other scientific men when serving as witnesses has long engaged the attention of the writer, and it is to be hoped that legislation will soon be had through which they may be better rewarded. If their attendance could be dispensed with altogether, I know they would be thankful. But as that can not be, they deserve to be paid by the parties litigant to a remunerative extent. This will be the more speedily accomplished when it is felt that their testimony has a substantive value, and is not merely a professional abstraction.

The science of medical jurisprudence is now fast becoming recognized by all law colleges, and an elementary knowledge, at least, may be expected through them. While this knowledge is being spread, it is not too much to ask, as a matter of mutual interest and harmony, that physicians should acquire an outline of the law of evidence sufficient to render their testimony creditable to themselves and lucid to their hearers.

ART. IV.—*Use of Veratrum Viride.* By H. K. PUSEY, M.D.,
Garnettsville, Kentucky.

For more than two years I have been using Norwood's tincture of veratrum viride in such cases as seemed to demand a remedy to moderate the action of the heart and arteries, and, inasmuch as the professional mind seems to be unsettled with regard to its virtues and the propriety of its use, it may be that a few reflections upon the subject will not be out of place: first, because by many who have tested it the veratrum is regarded as a very valuable remedy and important restoration to the materia medica; second, because of the conflicting character of the published testimony, both for and against; third, because it is by no means in general use by the profession; and fourth, because there are more or less old fogies in every community, occupying a high position in public confidence, who, without trial, condemn everything that breaks in upon their routine of practice, and whose influence operates vastly to the prejudice of this remedy.

While I can not accord to veratrum viride all the virtues that its friends claim for it, after an experience with its use extensive enough to base an opinion upon, I can not resist the conviction that, in controlling the action of the heart and arteries, it stands preëminent to any and perhaps to every other means. So far as I know, the reputation of this remedy rests here. I do not believe that its friends are warranted in claiming for it any specific virtues or any other effects that do not accrue from its controlling effect over the circulation. It is a matter of surprise that this article meets with strong opposition among the advocates of the lancet and tartar emetic. On the other hand, there are those who contend for asthenia in all diseases, and, with a zeal amounting to enthusiasm, advocate the treatment of every malady with stimulants and tonics. From this class of practitioners objections to this remedy come with some degree of plausibility. But let the professional mind be convinced that it produces the effect claimed for it without detriment of any kind, then, notwithstanding the caviling about asthenia and sthenia, the enlightened and cautious practitioner will frequently feel a necessity for its use, and congratulate himself that he has at hand a remedy that will so surely fulfil the indication as does the veratrum viride.

In the *Lancet and Observer* for June last, I read the results of Dr. Carey's observations "on the toxical action of veratrum viride upon dogs." My experience with it as a medicinal agent strongly corroborates his observations as to its depressing effects upon the heart and arteries, as well as to the antidotal virtues of opium in correcting any unpleasant effect that may result from idiosyncrasy or the injudicious administration of the remedy.

It is in pneumonia and acute rheumatism that I have employed it most frequently, and with the best results. In my hands, no permanently unpleasant effects have followed its use. A degree of sedation and nausea beyond what was intended has frequently occurred, but it has always been promptly relieved by the one-fourth to one-half grain of sulphate or acetate of morphia. This in almost every instance has been from the want of uniformity in the preparation used, and to this cause is attributable many of the contradictory statements with regard to its virtues. Hence the necessity of a uniform method of preparing it.

During the past fall and present winter we have had an unusual amount of intermittent and remittent fever, and every disease has partaken more or less of a periodical character, requiring in almost every case the administration of quinine, which has not in any way seemed to affect the action of veratrum.



ART. V.—*Cases in Ophthalmology.* By E. WILLIAMS, M.D., Cincinnati.

Cataract operated on by Linear Extraction.—A little girl six years of age, daughter of Joseph Grenette, of Patriot, Ind., was brought to me on the 10th of last September. She had a fully formed, soft, lenticular cataract of some five years' standing, in each eye. The lenses were of a uniform bluish-white color throughout. In the centre of the anterior capsule in both eyes was a small, perfectly white, well defined spot, of the size of a large pin's head, caused by a layer of opaque cells or granules adhering to its posterior surface. In the rest of their extent the capsules were clear and natural. The pupils were very small, but reacted vividly under varying degrees of light. The little patient could not discern objects, but her attention was quickly arrested by a bright light, when the room was darkened, showing, in con-

nection with the activity of the pupils, that she was not amaurotic. The eyes had a vague expression, and were affected with nystagmus—a constant rolling and jerking motion of the globes, seen nearly always in persons who have either been born blind, or who have become so in their early years. There were no symptoms of disease of the brain.

On the following day, the pupils being well dilated by atropia, I operated on both eyes by the method of solution, assisted by Dr. William H. Mussey. A fine needle was passed through the cornea at its outer and inferior part, about half way between the margin and the centre, and an incision made into the capsule. In one I punctured the capsule close by the side of the white spot above mentioned. In the other I tried to cut through the speck; but it resisted, and after being carried considerably to the side by the point of the needle, it returned quickly to its original position as soon as the instrument was liberated. I then made a second manœuvre, by which the capsule was cut to one side of the spot. I observed at once that the lens was slightly dislocated and one edge tilted forwards against the margin of the pupil. The lids were closed by strips of isinglass plaster, and the room darkened. I ordered a solution of atropia to be instilled into the corners of the eyes every three hours. The next day when we called I found the eye in which the lens had been partially dislocated somewhat injected, and the much swollen cataract pressing against one side of the iris. Fearing severe iritis, I proceeded at once to extract the cataract through a linear incision in the cornea, made with a spear-knife about one line anterior to the sclerotic. The instrument was passed through the cornea in a plane parallel to the iris, and the wound dilated by the point of the knife as I withdrew it. In this way a valvular but straight incision of about two lines in length was made, and as soon as I began to retract the instrument the aqueous humor escaped. The capsule being already freely opened, I made a slight pressure with the end of Daviel's scoop upon the posterior flap of the wound in the cornea, so as to cause it to gape, at the same time that I made gentle but steady pressure upon the opposite side of the globe with two fingers of the left hand. The softened lens issued in fragments over the scoop, and in a few moments the pupil was black and clear. The opaque capsule having retreated far to one side of the

pupil, I did not think it necessary to extract it. The wound healed favorably, and in two days the eye was well and the sight good, as was evinced by the notice which it now took of objects presented to it, and the diminution of the oscillatory movements of the globes. The cataract in the other eye became more saturated after the puncture, and diminished slowly in size. But as the opaque spot in the capsule was just in the middle of the pupil, and would probably remain there as a secondary cataract, after the absorption of the lenticular substance, I resolved to extract on this eye also. So, on the seventh day after the first operation, I incised the cornea in the same way as above described, and pushing the knife on through the anterior chamber, pierced the capsule with its point just external to the white spot. On withdrawing the knife, I entered with a small forceps, passed one branch through the incision in the capsule and behind the opaque spot, while the other went in front of it, then seized and extracted it without any difficulty. Then by the same procedure as was used for the other eye, the softened lens was extracted, and the pupil became quite clear at once. Just at the conclusion, however, a small portion of the iris prolapsed into the wound, but was easily restored by the end of the scoop. The eye was closed, and atropia directed to be instilled every three hours. On opening it the next day I found the prolapsus had been reproduced, but as it was small and interfered very little with the shape of the pupil, it was not meddled with. But slight reaction followed the operation, and seven days afterward I allowed her to be taken home. The result in both eyes was as good as it could have been, with the exception of the small prolapsus in the last one operated. The cataracts were gotten rid of entirely, leaving no obstruction whatever in the pupils; and that, too, within two weeks. The mother of the child was a stupid, superstitious woman, and at one time, just after the first lens was extracted, she instilled into the eye a strong solution of *lapis divinus*, or "*pierre divine*," as she called it in French, instead of the atropia! But, in spite of her maltreatment, the eye came out well.

Mr. Gibson, of Manchester, England, in 1811, was the first who proposed *linear* extraction as a principal method for the removal of all soft cataracts. He did not resort to it, however, as an original operation, but some days after *discisio per scleroticam*,

when the lens had become very soft and flocculent by the imbibition of aqueous humor.

Friedrich Jaeger afterwards practiced the same method for extracting secondary cataracts, false membranes in the pupil, and shrunken lenticular cataracts, as had been done long before. He called it *partial extraction*, and his son Edward Jaeger gave it subsequently the name which is now adopted, of *linear extraction*. Professor Arlt, in his work on *Augenkrankheiten*, gives only a short notice of this operation, and recommends it for the removal of liquid cataracts and of swollen fragments of lens which sometimes fall into the anterior chamber after discision. But to Dr. Graefe, of Berlin, is due the credit of proposing and first practising linear extraction as an exclusive method for the removal of entire, soft cataracts of a certain class, which he minutely describes in the *Archiv. für Ophthalmologie* for 1855, second part. He says, page 226: "In all cataracts which contain a *hard nucleus*, the linear incision is decidedly contra-indicated, because such a cataract requires a *flap wound* in order to escape without contusing the cornea. Now since most cataracts that we meet with beyond the thirty-fifth year of age contain a hard, yellowish nucleus of variable dimensions, so is the linear incision only *exceptionally* applicable in advanced years. . . . The linear incision is, on the contrary, particularly indicated in all cases where the softening of the lens has extended from the capsule into the entire nucleus, and the whole lenticular body has been converted into a pulpy, yielding mass. It has, then, a very great advantage over all other methods of operating. The danger is less, and the healing process more rapid, than in extraction by a flap; circumstances which are of the more importance because the above mentioned form of cataract occurs mostly in youths, and sometimes in children, upon whose quietness after the operation we cannot depend. Depression where the lens is soft can not be executed at all; and discision, in order to be free from danger, must be very carefully practiced, per corneam, with a small opening in the capsule. It leads, however, then, only to very slow absorption, which always requires months for its completion. If the capsule is extensively lacerated and the lens itself broken in pieces, it is exactly such cataracts that swell up so readily, fall, in part or entire, into the anterior chamber, and produce all sorts of dangerous consequences."

Dr. Graefe recommends linear extraction also in cases of fluid cataract, as these often contain little chalky masses, that resist absorption, and are apt to cause serious pain and inflammation if let out by discision into the aqueous chambers. It is only in infants, and in children under six to ten years of age, that he prefers discision through the cornea for soft and fluid cataracts, because it produces the least injury to the eye, and experience proves that at this age the absorption takes place much more rapidly than later in life. Dr. G. and other ophthalmologists resort to linear extraction in cases of traumatic injury of the lens, with free laceration of the capsule and rapid swelling of the lens, giving rise to iritis and loss of sight, if allowed to remain. I have operated upon a number of such cases, and will give the result of my experience at some future time.

ART. VI.—*A Case of Varicose Ulcer of Two Years' Standing.*
By ROBERT DUNCAN, M.D., Richmond, Indiana.

The following detail of the treatment of a varicose ulcer of long standing I trust will prove of some interest:

Michael Salmon, aged about twenty-five, a machinist by trade, applied to me for treatment in the month of July last, suffering from a large varicose ulcer on the inner aspect of the right leg, some four or five inches above the malleolus. The appearance of the ulcer indicated that it had been of long standing. It was deeply excavated, presenting a ragged and uneven surface. The edges were inverted and very much indurated—irregular and ragged at some points. The skin and cellular tissue around the ulcer for some distance was discolored and indurated, presenting a dark red appearance, and evidently having a very feeble capillary circulation. The veins of the limb were very much enlarged and distended, particularly in the immediate vicinity of the knee joint. The general health of the patient was much impaired, and he suffered much with mental depression. The continual drain from the system, and the constant irritation produced by the ulcer, operated so much on his mind as to bring on a melancholy state of mind, and life appeared to be burdensome to him. I encouraged him with the prospect of a cure. Treatment was immediately commenced, and with a very happy result.

The treatment consisted in the application of adhesive straps, completely encircling the limb, and extending several inches above and below the circumference of the ulcer. As a local application the chloride of sodium was used (Labarraque's preparation), diluted sufficiently, ordering it to be applied morning and evening over the dressing; and at each change of the bandage of strips the sodium was applied directly to the surface of the ulcer. The bandage of strips was changed every third day, and as soon as the ulcer began to granulate the edges were cauterized with nitrate of silver, and pulverized alum sprinkled over the surface. In addition to this, the limb was bandaged with a firm roller bandage from the toes to the knee, which was kept constantly and firmly applied.

The constitutional treatment consisted in the use of iron, in the form of the sulphate, vegetable tonics, and the syrup of sarsaparilla. Under this treatment my patient soon began to improve, and in the course of a month or six weeks the ulcer closed up and healed over entirely. I ordered the roller bandage to be continued until he could procure a laced stocking, which I recommended him to wear.

Several ineffectual efforts had been made to heal the ulcer, some of which partially succeeded; but as soon as treatment was suspended it would relapse into its former condition. It may be possible, should he not attend to keeping the limb well bandaged, it will again open; but up to the time I last saw him, which was several weeks after his discharge, there was no appearance of a reëopening of the ulcer. His general health was much improved, his mind cheerful, and, as he expressed it, he felt like a new man entirely. The use of the iron and columbo had a very happy effect in restoring the tone and vigor of the system; and the sarsaparilla exerted a very salutary influence on the ulcer.

I am confident that I derived great benefit from the use of the chloride of sodium as a local application. It stimulated the parts and hastened the granulation. In addition to this, it had a detergent effect, keeping the ulcer clean. The alum was used to give tone and firmness to the parts.

From the results of this case, I am disposed to recommend very highly the use of chloride of sodium and alum in cases of this character.

ART. VII.—*Electricity as Used in Extracting Teeth.* By J. T. ELSWORTH, M.D., West Point, Indiana.

A few remarks on this mode of extracting teeth may not be out of place in your journal. Permit me to relate a case which fell under my observation a short time since. It may be of some interest to your readers.

Mrs. O., aged 33 years, mother of four children, of bilious temperament, and in good health, had a tooth extracted not long since, while under the influence of electricity, as used by the battery. Having been informed by the dentist that "he was extracting teeth without pain," she took her seat to have the offending molar removed. As soon as the forceps was applied to the tooth there commenced, as she said, "an indescribable misery," which almost took her life, and which pervaded her whole body, attended with a very great heaviness and coldness about the heart. This was followed, after some minutes, by exhaustion, then soreness of the muscles (especially of the pectorals) and of the lungs. It was with difficulty that she could attend to her domestic duties. She complained of this for about three weeks, attended occasionally with a strange vibratory sensation, commencing at the cervical vertebræ and extending to the extremities. This strange feeling was felt frequently through the day, attended with a wakefulness through the night. Her general health became impaired with symptoms of approaching fever, until January 10th, when I was called to see her. I found her with all the peculiarities of lung fever. She had taken two doses of calomel, followed by castor oil and turpentine, and quinine enough to break "the chills." I prescribed quinine, calomel and Dover powder, and ordered fomentation of hops to the chest. Jan. 11th, no material change. Expectoration free and streaked with blood. Soreness of the lungs. Treatment continued. In the evening I was summoned to see her *in haste*. Found her laboring under great congestion of the lungs, with haggard countenance, and very much prostrated. During the day had three attacks of cramping, from two to three hours apart, and from fifteen to twenty minutes in duration, attended with a peculiar sensation of *coldness* about the *heart*, the cramping commencing with the muscles of the mouth and scalp, thence traversing the body and extremities. In a short

time after I arrived, another attack came on. I administered sulphuric ether and ordered mustard cataplasms, which mitigated its violence. There still continued great soreness over the region of the lungs, with mucous expectorations. I applied a blister over the chest, and prescribed—

R Quinæ sulphas, grs. iij.
Hydrargyri sub-muriatus, grs. ij.
Morphiæ acetas, gr. one-eighth. M.

To be repeated every three hours, followed in the morning by oil; with orders to repeat the ether, and apply mustard to the sides of the chest and back, if cramping should return.

January 12th.—Found her better. Had two attacks of cramping through the night, which was relieved by the prescription ordered. Pulse eighty, and soft; tongue moist. Rested tolerably well through the night; appetite good; after which she continued to improve, and in a few days was discharged.

This lady was one of intelligence, and describes the cramping she experienced during her sickness as precisely similar to the sensation she felt at the time and after her tooth was taken out.

I would suggest the propriety of physicians, surgeons and dentists using more precaution in the use of agents to obviate *trivial pain*. The use of anæsthetic agents in important surgical operations is altogether proper; the discriminate use being a great blessing to mankind. But physicians, as conservators of the public health, should not be hasty in using *new* agents heralded before the people in this fast age by persons whose great sympathetic nerve lines the parietes of their breeches' pockets.

ART. VIII.—*Persulphate of Iron in Epistaxis.* By JAMES F. HIBBERD, M.D., Richmond, Indiana.

In the *Lancet and Observer* for January, 1859, p. 64, is a notice of the persulphate of iron, used as a hæmostatic by Dr. Toland, of California.

I submit the following case for publication, under the belief that it will assist in calling attention to the medicine—the only value one case can have; and if all those who use the remedy, whether successfully or otherwise, will report their experience, it

will soon take its proper place among our therapeutic agents, whatever that place may be.

Jan. 6th, 1859, I was called to see J. H., aged 74, who in three hours had bled about sixty ounces from the nose. I used various remedies, local and constitutional, and after five hours' labor the hemorrhage stopped. But a little bleeding would take place every few hours for two days, when it started again with some vigor. I then cleared the nostril of all coagula, and after washing it out with two syringefuls of cold water, injected, with a common glass penis syringe, 3ss. of a mixture consisting of solution of persulphate of iron one part, rain water ten parts. The bleeding ceased at once completely, and did not return. Neither was there any oozing of blood, for the nostril remained open, and breathing through it was easy. The natural secretion of the schneiderian membrane was also arrested; but it recommenced in twenty-four hours, and continued. The whole amount of blood lost was about one hundred ounces, and nearly all of it within eight hours after the hemorrhage began. The patient recovered.

The points of this case worthy of notice are: 1st, The hemorrhage, after resisting all ordinary remedies, was arrested at once upon the application of a dilute solution of the persulphate of iron; 2nd, The application was convenient, and without pain to the patient; 3rd, The nostril was left clear of clots, irritation, or other unpleasant consequence of either the lesion or the medication.

I ascertained by experiment that a solution of the iron salt of the strength I used, when brought into contact with blood in a cup, coagulated it instantly.

The article in the October number of the *American Journal Medical Sciences*, from which you abstracted, the notice in the *Lancet and Observer*, details the process for the preparation of the salt. The preparation I used was a solution of the salt as made and used as a ferruginous tonic for many years, by J. T. Plummer, M.D., of this city, and as the process appears to me much more simple than that of M. Monsel, I subjoin it, with Dr. Plummer's approbation, viz.:

R Sulphate of iron, 3ijss.
Nitric acid, 3ij.
Water pure, 3xss. M.

Triturate the salt and the acid together for fifteen minutes, then add the water, and filter through paper.

Hospital Reports.

Case of Fracture, treated at Commercial Hospital, Prof. J. P. Judkins, Attending Surgeon. Reported by W. H. TAYLOR, M.D., Resident Physician.

JOHN BROWN, æt. 25, shoemaker, admitted May 31, 1858. Last night, while in a state of somnambulism, he walked out of a window in the third story of the Madison House. In his descent he struck the anterior part of the sole of right foot upon the edge of a large box.

He has a wound on the dorsum of the foot, extending from the metatarsal bone of the great toe outward and backward about two inches. On the plantar surface a wound extends from the metatarso-phalangeal articulation of the great toe outward and backward a distance of three inches. The metatarso-phalangeal articulations of the great and second toes are dislocated, the extremities of the metatarsal bones projecting from the plantar wound. The remaining metatarsal bones are fractured. The external cuneiform and cuboid bones are thrown upward and inward. The calcaneo-cuboid ligament and most of the tendons on the plantar surface of the foot are ruptured. The upper wound communicates with the fractures of the metatarsals. He is not much prostrated.

Immediately after admission, chloroform was administered, and an attempt made by Prof. Judkins to reduce the dislocations. The cuneiform and cuboid bones were replaced, but after several unsuccessful attempts at reducing the others, the heads of the metatarsal bones were removed. The leg was placed in a fracture box, and a lotion of equal parts of whiskey and water ordered to be kept constantly applied to the foot. He was ordered to have morphiæ sulphas gr. ss. now, following which was directed—

R Morphiæ sulphas, grs. ij.

Liquor ammoniæ acetatis, f ʒj.

Misce. S. ʒj. every three hours.

June 1st.—Slept some last night; has but little pain in foot; skin hot; pulse strong, frequent.

R Antimonii et potassæ tartras, grs. ij.
Potassæ nitras, 3 ss.
Sodæ et potassæ tartras, 3 ss.
Syrupus simplex, f3 j.
Aqua, f3 v.
Misce. S. f3 j. every four hours.

Continue lotion and medicine of yesterday.

6th.—The patient has suffered but little since last report. He sleeps tolerably well; has good appetite. An abscess having formed anterior to dorsal wound, it was punctured to-day, discharging considerable thin, bloody pus, of very offensive odor. Ordered yeast poultice to foot during the night; the lotion to be applied during the day.

10th.—The abscess has been discharging freely ever since it was opened. The opening is ulcerating. Has good appetite; says he has no pain; pulse soft, full; skin moist. Stop R. of 1st. Continue solution of morphia, and poultice and lotion.

12th.—Brought the dorsal wound together with adhesive straps to-day. The puncture of abscess has ulcerated to size of a half-dollar, and exposed two tendons. The discharge is much more healthy looking.

16th.—The dorsal wound is nearly filled with granulations. Increased discharge from plantar wound. Continue treatment.

19th.—Dorsal wound entirely filled by granulations. Cavity of abscess much reduced in size by granulation. Stop yeast poultice.

27th.—Cavity of abscess filled. Less discharge from plantar wound, which is decreasing in size. Complains of severe pain in sole of foot. Stop lotion. Apply ceratum simplex, and a roller.

July 1st.—The foot is much thickened. Applied poultice.

From this time poultices were constantly applied for nearly a month. Two or three small pieces of bone were discharged from the plantar wound, and one was extracted by Prof. Wood during the month of August, after which the case progressed favorably, and the patient was discharged September 15th, being able to walk quite well with the aid of a cane.

—Reädmitted November 15th. Says he has been able to walk on the heel ever since he left the house. Three weeks ago a small opening appeared in a portion of the cicatrix on sole of foot. It has continued to enlarge, and has been discharging pus freely.

There is nearly an inch shortening of the inner side of the foot, the great toe being much shorter than the second and third. On the dorsum of the foot there is a large indurated mass, to which the skin is firmly adherent. He has an opening about an inch long, with indurated edges, in the cicatrix of plantar wound. No dead bone can be detected.

Poultices were applied to the part for about two weeks, the edges then being much less firm, and granulation going on in the wound, it was drawn together by adhesive straps.

Wound cicatrized rapidly, and patient was discharged December 21st.

Editorial Translations.

1. *The Action of the Medical Society of the Hospitals of Paris on operation of Tracheotomy.*—M. Behier offered the following preamble and propositions to the above society at its meeting of December 8th, which were unanimously adopted :

“Believing that the statistical results furnished by M. Bouchut, relative to the mortality of croup, have not the value which the author attributes to them :

“*Resolved*, That tracheotomy renders every day immense service in the treatment of croup, and that this operation is still the best means in the management of the disease at the stage of commencing asphyxia.

“*Resolved*, That it is dangerous to wait for the success of the operation for the invasion of the ultimate phenomena of the disease, and in particular the anæsthesia of the skin, which is far from being constant.”—*Gazette Hebdomadaire*.

It will be seen that M. Bouchut does not find many advocates for his plan—tubing the glottis, instead of tracheotomy. Our readers will bear in mind, also, that M. Bouchut states that tracheotomy should never be performed until anæsthesia of the skin has appeared.

Trousseau's Opinion.—Operate as soon as possible when false membranes have formed in the larynx.

Malgaigne's Opinion.—When false membranes have formed, try

all means to remove them, and when they are found ineffectual, then, and only then, operate as soon as possible.

Bouillaud's Opinion.—1st, The surgical treatment of croup is fixed. Tracheotomy is the only operation which we may reasonably practice, at least at the present time, in the last period of this terrible disease. 2nd, The medical treatment is to be re-made; but, seeing the failure of the treatment generally employed, why not have recourse to the antiphlogistic method, in favor of which analogy pleads so powerfully? 3rd, As to tubing the glottis, it is worthy of all the anathemas with which M. Trousseau has covered it.—*Gazette Hebdomadaire.*

2. *Treatment of Syphilis in Pregnant Women.*—By M. BERTIN. —Among the facts which have led to the rejection of mercury in the treatment of syphilis during pregnancy, and to give rise to the opinion that this remedy produces abortion very readily, or the death of the foetus, we must cite those which M. Colson collected in his memoir entitled, “Of the Influence of Mercurial Treatment on the functions of the Uterus” (*Archives G n rale de M decine*, xviii., p. 24). M. Bertin has subjected his observations, very few in number, to a critical analysis, which demonstrates peremptorily that no one of them has the certain character so easily attributed to them. He brings forward a remarkable observation of Mauriceau, which shows that mercury not only does not cause abortion, but that it may prevent it (*Des Maladies des Femmes Grosses*, etc., 2nd edition, p. 179), and cites the history of eleven pregnant women treated in the venereal service of the *Maison de Secours* of Nancy. It is a complete series of all the cases which presented themselves during the first four months of the year 1857. All these women, in whom pregnancy was more or less advanced, presented secondary symptoms, and were treated by pills of proto-iodid. hydrargyri, or by the liquor of Van Sweeten. Of the eleven patients, eight were delivered at term of living children, or had their pregnancy during their stay in the hospital pursue its natural course. One of them, even, while she was pregnant, submitted to two mercurial courses, and suffered no accident. In three others, pregnancy did not continue until the full time; but it was more than probable that the mercury had nothing to do with the results. Indeed, one of these women was

delivered of a dead child putrified, whose movements had ceased to be felt before she entered the hospital. The second had had two abortions before she contracted the venereal disease, and it is probable that the third took place under the same influence as the two others. The last patient gave birth to a living child at seven months, on which the mercury could not have had any fatal influence.

M. Bertin concludes from these facts, that mercury does not exercise upon the human foetus any bad influence, contrary to the opinion of M. Trousseau, and believes with M. Ricord, that "the state of pregnancy, far from forbidding the most energetic care and treatment, exacts still more attention and promptitude."—*Compte Rendu des Travaux de la Société de Médecine de Nancy, during the year 1855-6-7*, p. 82, 1858.

3. *Two Cases of Legal Medicine : Iodid. Potas. as an Abortive—Rape During Magnetic Sleep.*—We find in the *Presse Médicale de Marseilles* two cases of legal medicine which deserve notice. The first relates to the influence of iodide of potas. in the production of abortion. A retailer of herbs gave to a woman pregnant four months a mixture containing sixty-four grains iodide of potas. in 3 vj. of water. After taking the first tablespoonful, the woman complained of heat in the epigastric region. In the evening, the heat increased after a second dose. The next day, after a third spoonful, a slight flow of blood came on from the uterus. A fourth dose was, nevertheless, given in the evening, and a fifth on the succeeding day. On this day the signs of abortion declared themselves. Two very distinguished physicians of Marseilles, M. Villeneuve, Professor of Obstetrics, and M. A. Magail, Adjunct Professor, in a written statement delivered to the seller of herbs, declared that the iodid of potas. was not the direct cause of the abortion. M. Laurens in consultation with M. M. Dumas, Fuster and René, professors in the schools of Montpellier, declared that it had been the cause of the abortion. We believe that the emenagogue powers of the preparations of iodine are well established. Since Condet and Magendie, whose observations have not appeared conclusive to our brethren of Marseilles, the experiments of M. Brera on this subject have been in a great part confirmed by those of M. Pidoux and M. Pigeaux. We recollect the history of a case of

amenorrhœa of this latter gentleman, published in the old *Journal des Connoissances Médicales* about twenty years ago, which had resisted the action of several active remedies, and yielded all at once from twelve drops of tincture of iodine.—*Presse Médicale de Marseilles*.

The second case relates to a rape which was alleged to have been committed in the mesmeric sleep. M. Coste, the director of the School of Medicine of Marseilles, and M. Broquier, the chief *interne*, in a medico-legal report, laid down the following conclusion: "We think that it is possible that a young girl may be violated and impregnated against her will, this being annihilated by mesmerism." Our *confrères* having submitted the question to M. Divergie, the learned author of the *Traité de Médecine Légale*, he fully sanctioned their opinion.—*Ib.*, No 2.

From our experiments, and from what we have seen and know, we could not have given so categorical an opinion.—*Gazette Hebdomadaire*.

4. M. Girouard, of Chartres, proposed, in an article published in the *Archives Générale de Médecine*, of July, 1857, to cure cancer of the tongue by the application of caustics. He reported a case cured in five weeks. Velpeau and Nelaton had seen the patient, and refused to operate. The caustics were applied, and the patient sent home to Orleans cured in five weeks. In a few days the disease returned, involving the throat and surrounding glands, when the patient died. Two other patients affected with the disease submitted to the treatment, but died in a few days after its commencement, suffering dreadfully.—*Gazette Hebdomadaire*.

5. Among the astringent pomades employed with advantage in the treatment of squamous eruptions, chronic eczema and impetigo, tar occupies the first place. We know that tar, mixed with tallow in the proportion of one to three, is in daily use in the different wards of St. Louis hospital. To the ordinary *pomade* of tar, which, by the nature of its excipient, is with difficulty removed, M. Gibert prefers the *glycerole of tar* made into a suitable consistence by the addition of powdered starch. The following formula is used in M. Gibert's service: *R.* Glycerine, thirty grammes—about 3j.; purified tar, 3jss. Mix warm, and add a sufficient quantity of powdered starch to make a *pomade* of feeble

consistence, and very homogenous. This ointment quiets the itching, dries the excoriations and exhalations, removes the redness, and acts, in a word, as an astringent and resolvent without producing irritation. Eczema rubrum, impetigo, intertrigo, prurigo of the scrotum and anus, *acne rosacea*, sub-inflammatory mentagra, are modified very greatly from its use.—*Journal des Connoissances Médicale : Gazette Hebdomadaire*.

6. *Glycerole of Alum*.—By the side of the glycerole of tar recommended by M. Gibert, we place the glycerole of alum and white precipitate, which Dr. Anciaux, a Belgian practitioner, praises highly in the treatment of erysipelas and some other affections of the skin. The following is his formula: \mathcal{R} Sulph. aluminia, reduced to an impalpable powder, \mathfrak{z} jss.; white precipitate, grs. xv. M. Triturate well, and pour into a bottle, and add glycerine, \mathfrak{z} xx. Shake the bottle until the mixture has the consistence of cream. The bottle is to be shaken every time the mixture is used. M. Anciaux says he has cured with this preparation some very rebellious cutaneous affections (eczemas), and atonic ulcers.—*Presse Médicale Belge*.

7. *Iodine as a Caustic in Lupus*.—Dr. Hebra, of Vienna, advises the following preparation in all cases when iodine is used as a caustic:

\mathcal{R} Iodine, $\mathfrak{f}\mathfrak{z}$ j.
Iodide potas, $\mathfrak{f}\mathfrak{z}$ j.
Glycerine, $\mathfrak{f}\mathfrak{z}$ ij. M.

It is to be applied every second day with a camel's hair pencil. Its contact is painful for more than two hours, but it affords the advantage of curing lupus without producing cicatrices of large size.—*Bulletin Générale de Thérapeutique : Gazette Hebdomadaire*.

PROFESSOR PICTON—One of the founders of the New Orleans School of Medicine, died on the 28th October last. He was educated at the Military Academy at West Point, and practiced thirty-two years as physician and surgeon in the city of New Orleans. In surgery he was a successful practitioner; his greatest operation was for an elephantiasis, wherein he removed a testicle weighing fifty-three pounds; the only successful case on record.

Reviews and Notices.

THE TRANSACTIONS OF THE AMERICAN MEDICAL ASSOCIATION. Instituted 1847.
Volume XI.

The present volume of Transactions of the American Medical Association is unusually large, containing more than one thousand pages. It contains a large number of reports and contributions, some of which are especially interesting and valuable.

Besides the minutes of the meeting, we have, first, the noble address of the retiring President, Dr. Eve; then Dr. Sutton's Report on the Topography and Epidemic Diseases of Kentucky; Report on the Topography and Epidemics of New Jersey, by L. A. Smith, M.D.; On the Epidemics of Ohio, by George Mendenhall, M.D.; On Medical Literature, by A. B. Palmer, M.D.; On Medical Education, by James R. Wood, M.D.; On Spontaneous Umbilical Hemorrhage of the Newly Born, by J. F. Jenkins, M.D.; Influence of Marriages of Consanguinity upon Offspring, by S. M. Bemiss, M.D.; On the Functions of the Cerebellum, by E. Andrews, M.D.; On Treatment best adapted to each variety of Cataract, by M. Stephenson, M.D.; The Medical Jurisprudence of Insanity, by C. B. Coventry, M.D.; Registration of Births, Marriages and Deaths, by Edward Jarvis, M.D.; On the Nervous System in Febrile Diseases, etc., etc., by Henry F. Campbell, M.D.; Moral Insanity in its Relations to Medical Jurisprudence, by D. M. Reese, M.D.; Stomatitis Materna, by D. L. McGugin, M.D.; The true Position and Value of Operative Surgery as a Therapeutic Agent, by J. B. Flint, M.D.; A Method for Preserving Membranous Pathological Specimens, by R. D. Arnold, M.D.; Dr. E. D. Fenner's Letter to the President of the American Medical Association; *The two Prize Essays*: The Clinical Study of the Heart Sounds in Health and Disease, by Austin Flint, M.D., Buffalo; Vision and some of its Anomalies, as revealed by the Ophthalmoscope, by Montrose A. Pallen, M.D., St. Louis. Appended to all these is the Plan of the Organization, Code of Ethics, Officers, and Permanent Members.

As will thus be seen, the table of contents alone occupy almost the space of an ordinary "book notice," and of course it will be

impossible to enter into anything like a criticism of these various papers. We have not yet had leisure to give the volume any careful reading; but some of the papers we have examined with great pleasure and interest. Thus the report of Prof. Bemiss, of Louisville, on the influence of marriages of consanguinity upon offspring, comprises a vast amount of very valuable facts and suggestions; Prof. McGugin's report on stomatitis materna, etc., etc. Some of the papers are very beautifully illustrated; and it happens, singularly enough, that the most beautiful and delicate of these are those pertaining to the eye, as the illustrations of Dr. Stephenson's paper, and those of Dr. Pallen's prize essay on vision, etc.

The Transactions of the American Medical Association are annually becoming of wider and more pervading interest to the profession of the country at large; and, as we believe, the annual volumes are more and more eagerly sought after and read. We think that this volume is quite as valuable as its predecessors, and trust that it will have a very wide circulation. The small amount of three dollars can not be more judiciously expended for any addition to the medical library. We also notice that the Treasurer recommends that any of the back volumes be disposed of at \$2.00 per copy, and that vols. V., VII., VIII., and IX. be disposed of at \$5.00 for the four volumes as a set. We should suppose the stock of back numbers ought to be speedily disposed of at these rates.

As we have heretofore mentioned, any person desirous of procuring the present volume, or any of the back ones, can do so by ordering directly through Dr. Caspar Wister, Philadelphia, or very conveniently by remitting through Prof. G. Mendenhall, of this city. We understand copies ordered through Dr. Mendenhall will be delivered in this city free of extra charge.

A PRACTICAL TREATISE ON THE DISEASES OF CHILDREN. By D. FRANCIS CONDIE, M D., Fellow of the College of Physicians, Member of the American Medical Association, Member of the American Philosophical Society, etc. Fifth edition; revised and enlarged. Philadelphia: Blanchard & Lea. 1858.

Doubtless all our readers are familiar with Dr. Condie's book. Prior to Meigs' work it was, we believe, the only American standard book on the diseases of children. We are told, in the adver-

tisement to this fifth edition, that "the entire work has been subjected to a careful and thorough revision. A considerable portion of it has been entirely rewritten, and several new chapters have been added. In the different sections will be found incorporated every important observation in reference to the diseases of which they treat, that has been recorded since the appearance of the last edition." The book is divided into seven sections, in which infantile hygiene, pathology, and diseases are discussed. It is a good book for those who desire a work of reference. By no means such a work as that of Rilliet and Barthez, it is still one which is plain, practicable, and reliable for every-day practice.

For sale by Robert Clarke & Co.

THE SCIENCE AND ART OF SURGERY: being a treatise on Surgical Injuries, Diseases and Operations, by JOHN ERICKSEN, Professor of Surgery and Clinical Surgery in University College, and Surgeon to University College Hospital. An improved American edition from the second enlarged and carefully revised London edition. Illustrated by four hundred and seventeen engravings on wood. Philadelphia: Blanchard & Lea. 1859. Pp. 996.

Many of our readers, doubtless, possess the first volume of this excellent book. It will be, therefore, useless for us to give more than a brief notice. The book is divided into three parts: 1st, First Principles; 2nd, Surgical Injuries; 3rd, Surgical Diseases. It is certainly a full and very complete work. The publishers, in their advertisement, tell us that they submitted the sheets, on their passage through the press, to "a competent surgeon, with the object of embodying in it whatever might be requisite to its improvement. There has been found, however, little to add. A few notes and a small number of wood-cuts only have, therefore, been introduced, elucidating some points of American practice. *These additions are enclosed in brackets.*"

When shall the profession be relieved from these "competent" editors, who lay their hands on every English book of merit, and introduce it, for the purpose of gaining a little distinction. We have looked over this book carefully, to see what the American editor has added. So small is the amount of American matter, that we can readily understand the reason for concealing his name. The book does not approach the English edition, either in type, paper, or illustrations. Every one will evidently see that the pub-

lishers have dollars and cents largely at heart. The wood-cuts are dark, and look as if they had been used several times. The type is entirely too small for a book of its size. Another great objection we have is, that the book is very clumsy, owing to the fact that it has not a spring back. Owing to this fault, it is with difficulty it can be read. The Philadelphia publishers had better learn very soon that there are a good many people of the profession who prefer to order books direct from the author's publishers. We greatly prefer the English copy of this work to Blanchard & Lea's.

We sincerely hope that Philadelphia surgeons will cease to lend themselves to the small and disreputable business of editing the works of English surgeons. It only puts money into the publishers' pockets, and adds no laurel to American surgery or medicine. Mr. Ericksen is a rising man—a fine operator, an excellent pathologist, and a cordial gentleman, and needs no one to endorse him.

For sale by Robert Clarke & Co. Price \$4.50.

THE HALF-YEARLY ABSTRACT OF THE MEDICAL SCIENCES, etc., etc., etc., edited by W. H. RANKING, M.D., and C. B. RADCLIFFE, M.D. No. 28, July to December, 1858. Philadelphia: Lindsay & Blakiston. \$2.00 per annum.

THE BRITISH AND FOREIGN MEDICO-CHIRURGICAL REVIEW, OR QUARTERLY JOURNAL OF PRACTICAL MEDICINE AND SURGERY. January, 1859. New York: S. S. & W. Wood. \$3.00 per annum.

These sterling reprints are promptly on our table, and filled, as usual, with most choice practical matter. In the first named, we are gratified to observe that, under the head of the Report on Practical Medicine, a generous notice is given of the Institutes of Medicine by our distinguished countryman, Prof. Martyn Paine, of New York. Ranking's *Abstract* is an established favorite with the American profession; the reprint of the *Medico-Chirurgical* ought to be, for its great worth and the careful elaborateness of its reviews.

NEW BOOKS.—The American edition of *Malgaigne on Fractures* has been on our table some time. *Dalton's Physiology* is received; also *Carnochan's Contributions to Surgery, Part II.* These will be noticed more fully in our next number.

Editor's Table.

The Peninsular and Independent Medical Journal—Dr. A. B. Palmer, one of its Editors.—Our readers will recollect that we reviewed the letter of Drs. Palmer and Sager on Medical Education in our January No. This letter, it will also be recollected, was published in the *American Medical Gazette*, and was therefore a legitimate subject of discussion. Well, for our remarks A. B. Palmer, A.M., M.D., one of its authors, and one of the Editors of the *Peninsular Journal*, takes us sharply to task in the February No. of his journal. We have but a very few words to say in reply. He has been roughly and justly handled already by the *Chicago Journal*, and by Dr. Reese, of the *American Medical Gazette*. It is invariably a sure sign of a bad cause for its advocates to become angry and abusive. He charges that we did not write the article in our January No.; that it bears the ear-marks of some one on whom Dr. P. looks with serene contempt. Now let us inform this wondrous wise and astute Dr. P. that we did write the aforesaid article, the cause of so much spleen and uncourteous remark on his part. We entertain the same opinions still, and go further, by saying that this Dr. Palmer has made a bold, yet feeble, blow at the requirements of the American Medical Association. He and his colleague have done all they could do, in their letter, to lower the standard of medical education, and if we are rightly informed, their so-called requirements, as carried out at present, omitting the Latin and Greek, amount just exactly to nothing at all. In proof of this, we have the highest authority for stating that graduates of the medical department of the University of Michigan can be designated who at the time of receiving their diplomas could neither read, write, or spell the English language correctly, let alone reading or writing prescriptions in their technical language.

We have not space or inclination to quote from Drs. Palmer and Sager's letter to the *American Medical Gazette*, to substantiate our opinion previously stated. This Dr. P. is a very self-inflated individual, and not only has blown his own horn, but has also

given us in times past several loud and long blasts on behalf of the University of Michigan. To all this we have not the slightest objection. So long as Dr. P. continued to give himself and his school free and frequent airings, we had nothing to say. People must be amused, and some Drs. find this intellectual comfort and pleasure in exhibiting their vanity to their friends and the world at large. We do, however, object, and express our objections, when we find these people pretending to one thing and practising another. This has been the course of this Dr. Palmer. As Editors we choose, and hold it to be our duty, to puncture the pretensions of such gentry. We like to pull off the domino so conveniently put on, and let our readers see the reality. The Michigan University has been paraded before the profession as the school fulfilling the requirements of the American Medical Association in every respect, as the free school of the country. This was all very well for the time, and we had nothing to say. But when Drs. P. and S. come out and oppose classical acquirements, then we say they are inconsistent, and such should be made known to the profession at large. In their letter these gentlemen objected to the examining power for admission of students to the medical department being placed in the literary department. Why did they object? Is not the answer self-evident? Simply because they knew that a great many students would be rejected on account of deficient preliminary education. This is the reason. Dr. P., although he appends the title of *A.M.* to his name, has no such title from any college or university, and the same, we believe, is true of Dr. Sager. No wonder, then, that Dr. Palmer objected to having the power to test the preliminary qualifications of students proposing to matriculate in the medical department of the University placed with the professors of the literary department.

As usual with such gentlemen, he charges that our journal is the organ of the Medical College of Ohio, and that one of us is a professor in this institution, and asks whether this school has ever made the knowledge of Latin a requirement for graduation. Our journal is the organ of the profession at large, and is owned and edited by us, and is free to criticize any two professors of the Medical College of Ohio who had written as Drs. P. and S. have done. We are sure that the Medical College of Ohio, or its Faculty, have never made such pretensions as Dr. Palmer has done

for the medical department of the University of Michigan. Dr. P. still further states, "Do not students go from the University of Michigan to the Ohio Medical College for the purpose of avoiding the ordeal they must here sustain?" No, they do not. The students who come to the Medical College of Ohio from the Michigan school state that they do so for the purpose of having *hospital advantages*. This has been the statement of more than one. It is well known that there are no hospital advantages at Ann Arbor, the location of the University of Michigan, and hence the effort that has been made to remove the medical department to Detroit.

Of the "positive and comparative importance of the ancient languages, as a part of a general and medical education," Dr. P. says, "Possibly when that subject comes to be reflected upon and discussed, and the opinions of some of the wisest of men, both in and out of our profession, be brought to bear upon it, and, what is more important, when it is brought under the scrutiny of enlightened common sense, the heinousness of preferring living sciences to dead languages—of preferring a knowledge of *things* to a knowledge of *words*, will not be very conspicuous." We long for the day—we wait patiently and hopefully for the opinion "of the *wisest of men*," in and out of the profession. When that opinion shall be given, we feel sure that it will be in favor of that mental discipline and training, of that scholarly taste and refinement *only possessed* by those in any profession who are masters of the two great dead yet living languages in which the fathers of medicine thought and wrote. We pray for the day to come when we shall have *the opinion* on this subject, and then a long farewell to the students, now filling the medical colleges, without knowledge of any dead or living language—of men whose ignorance is so unblushing and blissful that in many cases they do not comprehend the meaning of the most ordinary words in their native tongue—of men who can neither read, write, nor spell the English language correctly—of men who have no exalted opinion of the profession, and whose sole purpose in studying it is to make so much money.

The whole system of medical education of the country is thoroughly and completely rotten: it is behind the times—behind the spirit of the age in which we live—behind that of every

country in Europe. While France and England have lately made the requirements of those proposing to study medicine stronger and more rigid, the painful sight is witnessed in our country of an indisposition to do anything whatever to improve our wretched system. There is no school in the country which does not admit men wholly unqualified for the study, and graduate them with all the honors. The examinations for the degree in all the schools is worthless, totally unworthy of the name. The astonishing thing to us is, that any man is ever rejected. He is more fool, than wanting in the necessary amount of medical attainment. We write of what we have seen and heard. There is no school in the country which can plead innocent of this charge. The same is true of the law and theology. The alarming idea can but seize us that our extreme Democratic-Republican-Squatter-Sovereignty Government is wholly detrimental to a high order of professional education. What is to be done? What plan do you propose? The limits of this article forbid an answer.

Dr. P. will now understand, we hope, that we entertain no little jealousy of his pet school, the University of Michigan: he will understand that we only regard every word written against the highest order of requirements for medical students as a blow struck at the weak effort made to increase them. He will learn one thing, too, we hope, and that is, to cultivate editorial amenities a little more for the future. We are done with this subject, for the present. We regard the existence of the University of Michigan, or any other of the medical schools of the country, of the smallest possible consequence, in establishing a high order of professional and preliminary education. If any or all of them shall go to pieces, and cease to exist, in the effort to improve our present system, the profession would lose nothing, and the people of the country would gain much. "No pent up Utica binds" our views on this question.

Medical Department of the University of the Pacific.—We have received the announcement of the first course of lectures of a new medical school in San Francisco. The faculty is composed of Dr. Morrison, Pathology and Principles and Practice of Medicine; Dr. Rowell, Chemistry; Dr. Cole, Physiology and Obstetrics, and Diseases of Women and Children; Dr. Cooper, Anatomy and Surgery; Dr. Carman, Materia Medica; Hon. Geo. Barstow, Medical Jurisprudence. The first regular annual course will commence

on the first Monday in May, 1859, and continue eighteen weeks. Clinical advantages have been provided.

Fees : To each professor, \$30 ; graduation fee, \$50.

We observe only five medical gentlemen are included in the faculty. We only remark, *en passant*, that they are very happy in San Francisco in having so few ambitious men to provide places for !

We also notice a provision for beneficiary students ; we doubt very much the propriety of any such arrangement in any of our medical schools. We wish to be fairly understood : *as a general rule* we believe that students who receive the advantages of medical instruction without fee are of but little account. Those who are advanced to the honors and emoluments of our profession without expense rarely appreciate them, and rarely do the profession any great credit. Young men *worth* educating to medicine have usually the grit to accumulate the means for paying a reasonable fee for their privileges. Indeed, we stand *on protest* against all the devices of *cheapening* the path to the Doctorate. If physicians or schools are not worthy of a fair compensation for their professional services, or their instruction, neither are scarcely improved in quality by being made cheap Doctors, or cheap Schools—by affording gratuitous services, or becoming free colleges !! One can scarcely fail to suspect a resemblance between such doctors and schools, and the almanacs which are annually thrust under our doors *gratis* ! Of course, such views do not apply to our state institutions which are specifically endowed.

The North American Medical Reporter, Edited by W. A. Elmer, M.D., New York City.—We have received the second number of this journal. It is issued quarterly at \$1.00 a year, and semi-quarterly at \$1.50. The object of the journal is to give the spirit of the American medical press, and a retrospective synopsis of the foreign press. For instance, each number will contain the titles of all important articles on medicine, surgery, etc., and the journal where they may be found, so that the practitioner may procure any journal he may desire. The object is a good one. When we received the first number of this journal, we wrote a very unfavorable opinion of it, and sent it to the printer. On second thought, we wrote a private letter expressing disapprobation of his journal to Dr. Elmer. He replied, in expressing himself as the advocate

of legitimate, scientific medicine, and that if he had offended, it had been from ignorance. The first number contained the advertisements of the books of that lovely couple, King and Cleaveland, professors in one of the quack Eclectic schools of this city. We can tolerate no journal, pretending to decency, which even advertises the productions of this set of quacks. The high-toned editor, Dr. Flint, of the *Buffalo Journal*, felt and wrote as we did at the time. For this, Dr. Elmer takes him to task rather severely. We can tell Dr. Elmer that any journal, or any private member claiming a respectable position, will sorely damage himself in the estimation of the western or southern profession who has *anything whatever* to do with these quacks—the Eclectics. Some journalists have noticed their books, but in all cases, we believe, they were ignorant of the past or present history and position of their authors. We endorse all Dr. Flint said of the first number of the *North American Medical Reporter*. People are judged by the company they keep, and the ship which carries a piratical flag is treated accordingly by all honest men. We are not going, however, to treat Dr. Elmer or his journal unfairly. The present number is a good one, and will be of great service to all students in medicine, and even to those who wish to keep *au courant* with the times.

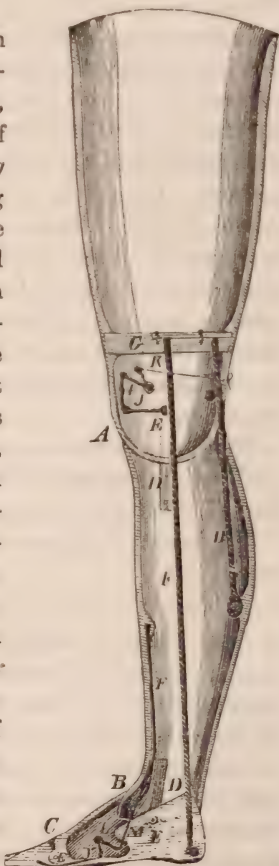
Dr. Elmer defines the position of his journal as follows : First, That of a *consistent advocate of regular and scientific medicine* ; Second, That of a liberal, progressive and independent journal.

We have nothing more to say than to wish the editor all success.

Petty Vexations.—When will people learn a moderate degree of common sense ! A few days ago we received a copy of this journal returned to our office, marked “Refused, with request that P. M. return to publishers ”—no name, no post-office, “no nothing,” to indicate whence it came ! Sometimes a number is returned with simply the name, without the office ; now if we fail after the exercise of all our ingenuity to find the proper name to *discontinue*, perhaps after a reasonable lapse of time we send a bill for subscription, and then we get an angry epistle that the journal was “ordered to be stopped at the beginning of the year.” Sometimes we have the other extreme, and we will receive a journal

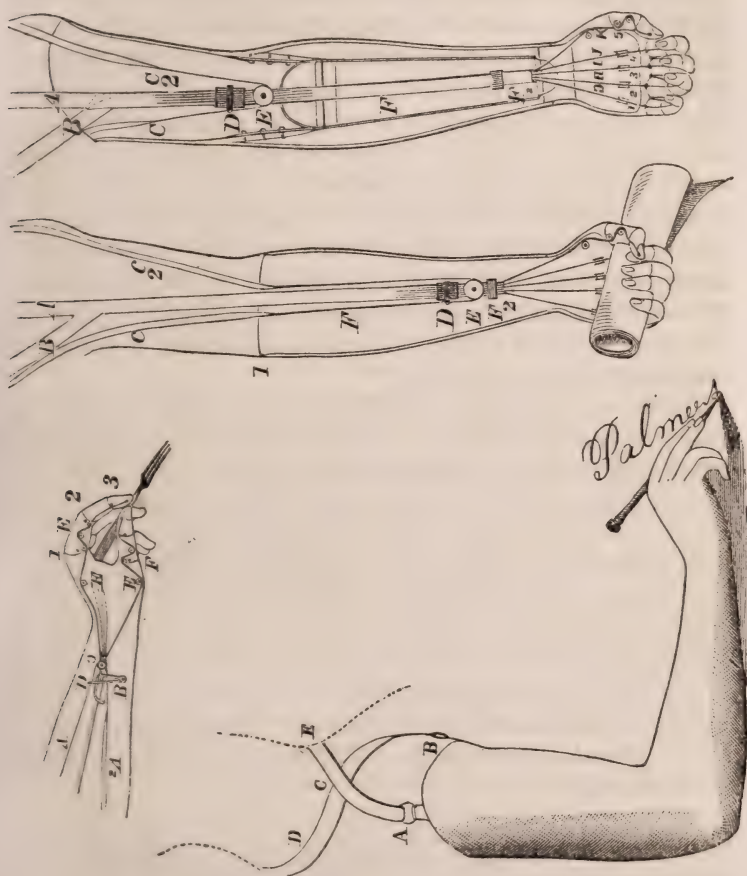
profusely covered all over its wrapper with name, address, etc., etc., in full, but completely defacing the appearance of the number, should it be wanted for further use. Why can not our friends write on a slip of paper their name, address (the P. O. which the journal is mailed to), and mark briefly, "I decline to become a subscriber," or, "You will please discontinue until further orders." It is quite as easy to do things decently and orderly, and much more agreeable all round.

The Artificial Limbs of Palmer.—In common with our brethren of the medical press and the profession at large, we unite in a hearty commendation of Palmer's patent *leg* and *arm*. The *leg* is well known in this country, having long since established its claims to be regarded as the most complete artificial limb ever invented. It is beautiful in its external finish, light, and its mechanism such that few would observe that the individual wore a false leg. It would not be necessary to make this editorial notice in behalf of Mr. Palmer, but for two or three things. Interested reasons, doubtless, have induced an unworthy effort at detraction and misrepresentation in certain quarters of late, that are inconsistent with truth. Again, Mr. Palmer has quite recently perfected his artificial *arm*, which truly appears as ingenious and complete as his false leg. We see, by a letter under date of December ult., from that distinguished surgeon, Prof. Mutter, of the Jefferson Medical College, Philadelphia, that he bestows very high encomiums upon Palmer's patent hand and arm, pronouncing them "unequaled in Europe or America." With these very ingenious substitutes for lost limbs, and that glorious boon



INTERIOR VIEW.

to the race, the use of chloroform, amputations are shorn of more than half their terrors. As we have an opportunity to use the cuts at this time, we give our readers views of the Palmer leg and arm.



Anæsthesia.—The Knickerbocker Magazine.—We still notice in our exchanges occasional movements by or on behalf of the efforts of Dr. Morton, to sustain his claim to the introduction of ether as an anæsthetic. *Apropos* of this, we find in the last number of the *Knickerbocker Magazine* a very readable, popular article, “A

Grain of Wheat from a Bushel of Chaff," in which the whole history of the progress of this glorious discovery is given in a sort of brief résumé, concluding, as we believe very properly, in ascribing the honor of its origination to Dr. Wells. We are not sufficiently intimate with the style of Dr. Noyes to speak positively as to authorship, but, at any rate, the whole article bears the impress of the true *Knickerbocker* genial style. For instance, speaking of opium as one of the therapeutic agents known in early days, having the property of relieving pain, he says: "Opium, which is one and perhaps the best of all narcotics, if given in sufficient amount to wholly deaden pain (which can be done), possesses the disagreeable property of deadening the recipient so utterly, that he rises no more in this world in a bodily form; consequently the user is always placed in the disagreeable dilemma of inflicting a certain amount of pain and keeping on the safe side, or of risking a coroner's inquest and a verdict of manslaughter and malpractice."

By the way, speaking of the *Knickerbocker*, we are reminded to commend it to our readers as a monthly that has long since established itself as one of the most attractive features of our national periodical literature. It is not sickly sentimental, not terrible, or tragic, or melodramatic. It has a peculiar, quiet, respectable, mellow *Knickerbocker* style of its own, that gives the reader, after the enjoyment of a number, much the same sort of feeling as he experiences after spending a social evening in the company of refined, intelligent and well-bred gentlemen. The terms are \$3.00 a year; two copies, \$5.00; three copies, \$6.00,—with sundry special "inducements to new subscribers." We trust the *Knickerbocker Magazine* will be gratified with its wish and effort to double its list this year.

The Retort Courteous.—Amongst a number of interesting and noticeable introductory addresses that have accumulated on our table during the winter, are those of Dr. Lindsley and Dr. May, at the opening of their respective medical schools in Nashville. We had laid these two aside for especial editorial comment, but month after month passed away without finding time and space. We call the matter up just now to express our congratulations to our esteemed friend, the senior of the *Nashville Medical Jour-*

nal, on account of the very pleasant victory he has obtained in the last number of his journal—a victory over his new rival, the Shelby School, as well as over himself. Upon the publication of the address of Prof. Lindsley “On Medical Colleges,” the *Shelby Medical Record* made it the theme of a sharp and belligerent criticism. It is not our purpose, at present, to express any opinion as to the correctness of these criticisms; and as to the spirit of the thing, why, “tastes are not to be disputed;”—but we somehow thought, just under all the circumstances, there was perhaps a little unnecessary “show of teeth.”

The address of Prof. May is, however, made the occasion of a complimentary editorial by the *Nashville Journal*, generous to its author and hearty to the address. We think Dr. Bowling has got the better of the encounter this time; and as he has been a little belligerent himself of late, we are glad he has obtained a self-conquest as well.

American Medical Association.—The twelfth annual meeting of this Association will be held in Louisville, Ky., on Tuesday, May 3rd, 1859. The secretaries of all societies, and other bodies entitled to representation in the Association, are requested to forward to the Secretary, S. W. Bemiss, at Louisville, correct lists of their delegations, so soon as they may be appointed.

The convention of teachers, invoked by a resolution of the National Association, for the purpose of a general conference upon the best means of elevating the standard of medical education in this country, will meet in the same city on Monday, May 2nd.

Medical journals throughout the United States are requested to insert the above.

S. M. BEMISS, *Secretary Am. Med. Association.*

A Word of Good Cheer.—We have no disposition to annoy our readers with our petty troubles, or bore them with encouragements, but we cannot refrain from saying that our patrons and correspondents are flattering us with very hearty words of good cheer and satisfaction with the appearance and tone of our journal. All such will accept hereby our sincere acknowledgements, and to all such we take great pleasure in giving the assurance that this journal was never in a more prosperous condition than

at present. We trust our friends will see to it that we continue to increase in stature and strength, by supplying us with the "sinews." It is surely to the interest of the profession in this valley that we be made able to afford the best journal in this country.

We append the note of Dr. C. West, a prominent physician of Indiana, who sends his remittance, and adds—

"Be so good as to enter my name as a life subscriber, for while I remain able to practice I expect to do nothing else. Sometimes money is scarce and patrons can not meet us as they would like, and we fall behind a little, but steady perseverance brings us up again so as to balance and move on for another year."

"*Can't Afford to take a Journal.*"—There are hundreds of physicians all over the country, who take no medical journal of any kind. We have recently received two or three amusing communications from friends of this journal, detailing the excuses of those who decline to take a journal. Dr. Z. R. M., of Illinois, says one of his neighbors thinks medical journals are "too illiterate" to be of value to him; but he treated a "scrotal hernia for inflammation, and introduced a bistoury to discharge the pus." When fæces escaped instead of pus, the doctor explained his diagnosis as based upon the "fact" that in hernia there was "no discoloration of the skin." Upon another occasion he made preparation to perform *paracentesis abdominis* for a case of pregnancy! Fortunately, we believe, he did not proceed quite so far as in the case of hernia.

Dr. L., of Ohio, speaks of one of his non-reading neighbors, who, in a consultation, did n't know what *veratrum viride* was. And yet he is an M.D., and has a "*good standing* with the people." Dr. L. sorrowfully records of them, that they have only picked up accidental trifles by the way-side since their graduation.

New York State Medical Society.—This association held its annual meeting in the city of Albany, on Tuesday, Wednesday, and Thursday, Feb. 1st, 2nd, and 3rd. We have been kindly furnished with the Albany papers giving the transactions in full. The session was opened with an excellent inaugural address from the president, Dr. Thomas C. Brinsmade, of Troy. A large number of papers were read upon topics of interest to the profession. Among

the nominations for honorary membership we perceive, with pleasure, the name of Prof. George Mendenhall, of this city. The officers elect for the ensuing year are: President, Prof. B. F. Baker, of New York; Vice President, Dr. D. T. Jones, of Onondaga; Secretary, Dr. S. D. Willard, of Albany; Treasurer, Dr. J. V. P. Quackenbush, of Albany. President Brinsmade gave a brief parting address to the society upon its adjournment.

Many changes in the medical staff of the Parisian hospitals have recently taken place. MM. Andral and Rayer have retired from *La Charité*. M. Barth, formerly at Beauxjou, is now at Hotel-Dieu. MM. Beau and Pelleton take the places of Andral and Rayer at *La Charité*. Jarjavy has been appointed Professor of Anatomy, and Gosselin Professor of Surgical Pathology, in the School of Paris. They are both excellent men, and much liked by many American students.

Dr. Clendenin.—We call attention to the card of Dr. Clendenin, to be found in this number of the journal. His private course of *Anatomical Demonstrations* embraces many unusual points, rarely given in the dissecting-room. It will be additional to, and in no way interfering with, the *Anatomical Lectures* of the summer school.

Dr. Thomas Watson.—A friend hands us the following interesting clipping from a recent *London Times*: "St. James Palace, January 1st.—The Queen has been pleased to appoint Thomas Watson, Esq., M.D., to be Physician Extraordinary to Her Majesty, in the room of Richard Bright, Esq., M.D., deceased."

Arrearages.—We are sorry to learn that a large list of delinquents remain on the mail list of Dr. Blackman, for the *Lancet* for 1857. We hope they will do their duty promptly, and remit, for that year, to him at once. Those in arrears to the *Lancet* previous to 1857 should remit to Dr. Wood. Of course, those in arrears for 1858, and those still owing for the *Observer*, 1856 or 1857, will please remit to this office, and oblige the publisher.

PAMPHLETS.—Quite a number of pamphlets of greater or less importance have been suffered to accumulate on our table, hoping we should yet reach the fit time and leisure to speak of some of them, or topics which they suggest, at some length. Thus far we have

not found either time or space, and therefore, for the present, content ourselves with barely indicating their titles.

On Medical Colleges.—An introductory to the course of lectures in the medical department of the University of Nashville, for 1858-9. By J. B. Lindsley, M.D., etc., etc.

Vesico-Vaginal Fistula.—This is an interesting paper from J. Baker Brown, F.R.C.S., London, 1858, illustrating the successful treatment of vesico-vaginal fistula, with eleven cases. Dedicated to Dr. Bozeman, Montgomery, Alabama.

Diphtheritis.—An historical and critical essay. V. J. Fourgeaud, M.D., Sacramento City, California.

Treatment of the Paralysis of Motion.—By Charles F. Taylor, M.D. Reprint from *American Medical Monthly*.

Inflammation.—By Prof. J. H. Waters, M.D. Reprint from *St. Louis Journal*.

Hints to Craniographers.—By J. A. Meigs, M.D., Philadelphia.

The Bane and Antidote.—This is a periodical especially devoted to advancing the interests and giving due prominence to the artificial limbs of B. F. Palmer, of Philadelphia. At the same time it gives excellent advice and suggestions in reference to amputation.

New Surgical Treatment for Malformations of the Urinary Bladder.—By Daniel Ayres, M.D., Brooklyn, New York. Illustrated by several wood-cuts.

MORE NEW JOURNALS.—The *New York Medical Press* is a new weekly medical journal, edited by Drs. Kiernan and O'Meagher, of New York, and published at \$3.00 per annum. In style and character it is very similar to the *Medical and Surgical Reporter* of Philadelphia, being largely made up from the reports of the New York Hospital cliniques.

Louisville Medical Gazette.—A semi-monthly of twenty-four pages. Edited by Dr. L. J. Frazer; published at \$2.00 per year.

Semi-Monthly Medical News.—Edited by Professors S. M. Bemiss and J. W. Benson, of the University of Louisville. Thirty-two pages, semi-monthly, at \$3.00 per annum. Dedicated to Jacob L. Smyser, Esq., "who sustains the enterprise."

Our new *confrères* will please accept our apologies for this late notice. Notices were crowded out by the printer last month. We welcome them to our exchange list. Numbers two, three, and five of the *Medical Press* not received.

Editorial Abstracts and Selections.

PRACTICAL MEDICINE.

1. *Transfusion of Blood in Yellow Fever.—A Successful Case.* Dr. N. B. Benedict, of New Orleans, relates (*Medical News and Hospital Gazette*) the interesting details of a case in which transfusion was successfully practiced. The patient was a young lady of his own household. On the fifth day of the attack of yellow fever, bleeding from the mouth commenced, which continued to return from time to time to such an extent as to exhaust the vital force and bring on a condition of the system approaching collapse.

In this extremity transfusion was suggested by Dr. Benedict, and concurred in by consulting medical friends. The apparatus approved by Dr. James Blundel, formerly "Lecturer on Midwifery and Physiology at Guy's Hospital," and "the father of transfusion," being at hand, was used for the occasion. "The blood was obtained from the arm of a young gentleman who exhibits a remarkable example of perfect health, and who had experienced yellow fever during the epidemic of 1853. The beak was introduced, by Dr. White, into the orifice of the exposed vein of the patient, and Prof. Brickell, with consummate care, passed the blood into her arm, before it had time to cool or even to repose for more than a few seconds. All the apparatus employed was immersed in warm water, or wrapped with heated cloths, so as to prevent any reduction of the temperature of the transfused blood. The operation was commenced at a few minutes before one o'clock, and was finished safely and satisfactorily, in all respects, a few minutes past that hour."

Another person who was constantly with her, writing to a distant friend, used the following language: "There is no doubt that death had begun his work before this took place. Her extremities were cold; she swallowed with difficulty; her nose had the pinched look of death; her lips were depressed and bloodless, covered with a yellow, dry, parched skin; and her distress was very great. The effect of the transfusion was immediately apparent, in the calming of the nervous system. The next morn-

ing her lips were full and red. She had no subsequent bad feelings, except dryness of the mouth and stiffness of the muscles of the throat. She was like a new creature, and was saved."

"It was ascertained, by accurate measurement of the syringe, that its capacity was not quite equal to two and a half ounces. Small as the quantity was, it yet sufficed to turn the scale in her favor."

In conclusion, Dr. Benedict remarks: "Were the true nature of the statistical results of transfusion generally known, its performance would be demanded in many cases which are now consigned to a remediless doom. There is no fear that it will ever come to be employed as one of the common remedies. It is applicable to no pathological condition, save that which is commonly called 'collapse,' induced by hemorrhage, by certain exhausting discharges, or by utter inability to receive or retain nutriment; and the only transfusion sanctioned, either by physiology or common sense, is that of *human venous blood into human veins, identical, as nearly as possible, with that which has been lost, and in quantity just sufficient to arrest the tendency toward death.*"

2. *Belladonna in Incontinence of Fæcal Matters.*—Dr. Richards states (*Bulletin Gén. de Thérapeutique*) that being in attendance on a boy suffering under incontinence of fæcal matters, which had resisted all the methods of treatment usually recommended, he was induced to try the effects of belladonna, which succeeds so often in cases of incontinence of urine. He prescribed the syrup of belladonna internally, and placed a suppository coated with belladonna pomade in the rectum. Two days after the commencement of this treatment, the child had no more involuntary stools, and was cured of his infirmity. The same treatment was afterward employed upon four patients suffering from the same inconvenience, and in three the results were very satisfactory. M. Bercioux, who conducted the treatment of the four patients, considers that belladonna may probably act more rapidly on the functions of the rectum than on those of the bladder, and that instead of being classed among the stupefying agents, it ought henceforth to be considered as an exciting medicine, like strychnia and ergot of rye, inasmuch as it cures an affection which M. Bercioux considers to be due to muscular atony. The editors

of the *Bulletin*, however, do not assent to this view of the action of belladonna, but they regard the incontinence as being due to a destruction of the equilibrium existing between the two antagonistic muscular powers of the rectum or the bladder, and that the belladonna, by its special properties, restores the equilibrium, and thus brings back the functions to their normal condition.

3. *The Use of Galvanism in Tooth-ache*.—We give elsewhere a communication from Dr. Elsworth, in reference to the use of galvanism in the extracting of teeth. Dr. Charles Taylor writes to the *London Lancet*, that he has used the galvanic current to arrest tooth-ache with success. "A slight touch of the conducting wire instantly removed the pain," and there was no return for several weeks.

4. *Iodine in Ague*.—M. Barilleau has cured thirty-seven out of forty cases of ague, in which he has tried the tincture of iodine. He continued its use for several days, giving ten drops as a dose in an infusion of chamomile.—*Revue Médicale*.

5. *The Effects of Chalybeate Waters*.—Mr. Stanislas Martin observed at Chateau-neuf, in Avergne, that gallinaceous and ruminant animals were exceedingly fond of ferruginous waters, but that they exerted the mischievous effect of drying up the milk of cows. Wishing to see whether this effect extended to the human subject, he induced a young mother to make use of some of the strongest of these waters several days, and the result was, that if she had continued to drink them, all her milk would have disappeared. From this fact, among others, he cautions practitioners against prescribing ferruginous substances for nursing-women, except when their employment seems clearly indicated.

6. *Scabies*.—M. Beitt has made a series of experiments at the St. Louis Hospital, Paris, to determine what will cure itch in the shortest time. Forty-one different preparations were employed. Of these he found the following ointment cured in the smallest number of days: \mathcal{R} Sublimed sulphur, \mathfrak{z} j.; subcarbonate of potash, \mathfrak{z} ss.; adeps simplex, \mathfrak{z} iv. Apply morning and evening. Seven days are required to destroy the *acarus scabei*, by which it is produced.— \mathcal{R} Recent grains delphinium staphisagria, \mathfrak{z} v.; adeps simplex bul., \mathfrak{z} viij. M. Digest twenty-four hours at the

temperature of a 100° in a sand bath, and strain. Friction for four days with this ointment not only destroys both the insects and their eggs, but also completely cures the eruption.

7. *Pertussis*.—The *La Presse Médicale Belge*, October 31st, states that Dr. Hochsteter, of Wurtemberg, has used the oxyde of zinc with the best of success in whooping cough; but given in much heavier doses and more often repeated than is usual with this remedy. The cases in which it was used were upon infants from two to four months old. To these he gives from one to two grains per day; in subjects of greater age the quantity varies from three to ten grains each day. The Doctor states that by these measures he has succeeded in effecting a radical cure in terms of ten, twenty or thirty days, whatever has been the intensity of the cough or the age of the patient. He regards this treatment as *specific*, if rigidly followed up.

SURGICAL.

8. *Sulph. Zinc in Hemorrhages*.—Dr. Wm. Hauser, of Georgia, in the *Atlantic Medical and Surgical Journal* for November, 1858, relates his successful experience with the use of sulph. zinc as a styptic. In hemorrhages of the nose, uterine hemorrhage, etc., he uses it as a local application; and tells the following anecdote of his preceptor, Dr. Clark. On being asked what he would do in a case of excessive bleeding from the nose, he said, "I once extracted a tooth for old Br. —. The blood gushed forth alarmingly. I flew to my saddle-bags, dashed the zinc and some water together, poured his mouth full of it. It was soon in a *pucker*, as if he had been eating green persimmons, and the hemorrhage was instantly and effectually stopped."

9. *Strumous Abscesses treated by Vaccination*.—Dr. Graves proposes the influence of a counter inflammation of the vaccine pustule for the removal of strumous abscesses. The following case illustrates his plan of operation: "In January, 1857, A. B., a mill worker, aged fourteen, of strumous habit, applied at the Cookstown Dispensary, suffering from an abscess of the cervical gland on the right side of the neck, about the size of a nutmeg. The skin was but slightly discolored, but fluctuation evident. I gave exit, by a free incision at the lowest part, to a

small quantity of matter ; then charging my lancet with cowpox infection, introduced it in the usual way, by a few slight scratches at either side of the wound, taking care that it should come as little as possible in contact with the discharge from the wound. On the eighth day it had evidently 'taken' well ; there was the well-marked inflammation surrounding the vesicles. 'On the ninth,' as Maunsell and Grandson describe it, 'there was formed round the base an inflamed ring, with an areola of an inch and a half or two inches in diameter.' In this case the redness was more extensive. On the *twelfth*, there was considerable inflammation and hardness all over the surface of the tumor, and very little discharge from the original opening. On the *sixteenth*, this had in a great measure disappeared ; and when, in about three weeks afterward, the girl called upon me, the crust had dropped off, there was no trace of the abscess, and very little more scar than is left after an ordinary vaccination. I should mention that this patient had not been vaccinated."—*Dublin Hospital Gazette*.

10. *Treatment of Burns by the Permanent Warm Bath*.—Dr. Passavant has a communication in the *Deutsche Klinik*, the occasion for which was furnished by the explosion of a firework factory at Frankfort, which gave rise to the loss of fourteen lives. Thirteen persons were taken to the hospital, exhibiting almost every stage of burn, some of them scarcely aware, in the excitement of the moment, that they had been burned, although their sufferings after admission soon became excessive.

All the cases admitted were treated by the permanent warm bath where this could be applied, and where it could not, compresses dipped in warm water were substituted. This course was pursued in consequence of the success of former experiments made by the author, and the analogy prevailing between burns and other surgical affections in which the baths have proved so efficacious in the hands of Langenbeck. The limb was placed in a suitable vessel, which was filled with warm water kept at a temperature of 27° R. ; the water being usually changed twice a day, and in the event of excessive discharges, oftener. If after some weeks' maintenance in the vessel the patient's position became irksome, moistened compresses were substituted. The first effect produced by the bath was an immense abatement, soon to be followed by a complete

cessation of the excessive pain—constituting in fact the completest anodyne—an advantage of sufficient moment, even supposing no other was derived. Besides this, however, the dried and hardened tissues became completely penetrated with water and thoroughly softened, and the destroyed parts were more easily separated and cleansed away. The wound was thus kept constantly clean and free from all sources of irritation, and the danger of absorption of pus and of pyæmia was diminished. The healing of the wound, too, takes place more rapidly under water, being promoted probably by the equable temperature and moderate compression of the water, and by the greater activity of the metamorphic and endosmotic processes.

— The following plan of treatment of burns is furnished the *London Lancet*, by Dr. A. Meadows :

The Treatment of Burns.—A short time since, when commenting on a case of severe burn then under treatment in the Royal Free Hospital, you suggested, as worthy of trial in our hospitals, a plan of treatment pursued in Massachusetts, consisting of the application of a thick mucilage of gum acacia over the recent burn, and then dashing this well with dry powder. Some time ago, while a resident officer in King's College Hospital, I tried a method which in some sort resembles this, but which, on the whole, I think possesses some advantages over it. At that time, I was not aware that any similar plan had been followed, but I can add my testimony to the very efficient way in which it acts. The treatment to which I allude consists in the application of a mixture of collodion and castor oil, in the proportion of two parts of the former to one of the latter. It will be found that these two substances mix in the most perfect manner, and do not afterwards separate. I tried many other oils, thinking that, perhaps, the irritant principle of castor oil would act prejudicially on an inflamed surface ; but none seemed to answer as well ; and I never found any ill effects to follow its use. The mixture may be kept ready for use for any length of time, in a bottle well stoppered. It should be used thus : As soon as the accident happens, the parts injured should at once be well covered with the mixture, applied with a camel's hair brush. In a few minutes this will have completely dried, and have left a firm, adhering covering. A second coating should then be applied. I deem this advisable, to

make it more effectual. Nothing more need be done at present ; the case may be left quite exposed, and no fear need be entertained of air reaching the wound ; it is felt almost as if a new skin were applied. Now and then, it should be looked at, to see if any cracks have been made by the movement of the parts ; and it is well, for the first two or three days, to paint it over with the mixture night and morning ; no other local treatment is necessary. In a few hours it will be found that the inflammatory action has greatly subsided, and in a few days suppuration will be sure to have begun under the artificial covering. This must be removed. A poultice, either of bread, or linseed-meal, will readily effect this : one generally suffices. A clean, healthy, granulating surface is what we have now to contend with, and this may be dressed as any ordinary wound. Water dressing is, I think, the best, but simple cerate, or any other mild application, may be preferred by some.

A large number of cases have been treated in this way at King's College Hospital,—indeed, it is now quite the recognized plan, and experience proves its superiority over the older methods. The advantages gained by it are these : There is almost an entire freedom from pain. I have seen it applied in extensive burns of children, and so great was their relief that they would hold out their arms to have it applied. The covering formed is much more complete for preventing the contact of air than any other, and, from its transparency, we are able to see the condition of things underneath, without at all disturbing the dressing, which is always a most painful proceeding in these cases. Besides, it is much easier of application, much less inconvenient to the patient, than bundles of cotton or wool (especially where the face is the part injured), cleaner, and more agreeable than the old carron oil, and unquestionably better than the application of powders, which always in a little while form, with the discharges, thick, hard scabs, very painful to remove, and very injurious if allowed to remain. In the after treatment, too, when its removal is necessary, this is easily effected, and without any suffering to the patient, contrasting very happily with the immense amount of pain and trouble which cotton or wool occasions. The plan is applicable in any case where treatment of any kind can be followed.

I may mention that I have also used this measure in the local

treatment of erysipelas, and with the happiest result. There is no doubt that the contact of the air to any inflamed surface is exceedingly irritating, nor is the skin free from this influence. In of air, so much good results from its application in erysipelas. It is much more convenient and more effectual than covering the this way I believe it is that, by effectually preventing all contact parts with flour, starch, or hot fomentations, with oil-silk, which serve no other purpose, in my opinion, than that mentioned above. Of course, when suppuration has begun, fomentation or poultice is the better thing to apply.

11. *More than a Hundred Nævi on the Same Infant.*—Nævi, as is well known, not unfrequently occur two, three or more, on the same subject. A case, however, in which their number has exceeded what we have either ever witnessed or noticed on record, has been under observation amongst Mr. Hutchinson's out patient's, at the Metropolitan Free Hospital, for some months past. When first brought, the infant, a healthy boy, was three weeks old. His scalp, face, shoulders, and upper parts of the arms were literally covered by a scattered crop of bright cutaneous nævi. These varied in size from a four-penny piece to a split pea, or even smaller, but the smallest, from the peculiarly bright and florid hue, were very conspicuous. Some of the largest were on the face and scalp. All of them were well circumscribed and quite distinct from each other, and all appeared to be limited to the most superficial layers of the skin. The infant's appearance was very remarkable. During the first week or two of attendance at the hospital, the efflorescence continued, and on a third visit, an attempt being made to count them, they were found to number upward of a hundred and fifty. The largest were now about the size of six-pences.

The treatment pursued consisted in applying a little of the compound iodine ointment, once or twice a day, to the spots separately, and in the course of a few weeks this appeared to be exerting a very perceptible influence. It was steadily continued, and now, after a lapse of six months, not more than a dozen remain, and those mostly on the scalp. The infant has retained excellent health, and the ointment (which is a favorite with Mr. Hutchinson for this purpose) has never caused any material irritation of the skin.—*London Lancet.*

OBSTETRICAL.

12. *Removal of the Placenta by Evulsion.*—The *American Medical Monthly*, for Dec., 1858, contains a very interesting article from O. C. Gibbs, M.D., of Chatauque, N. Y., on the removal of the placenta in the early months of pregnancy. "Uterine hemorrhage," he remarks, "if considerable, is always a source of anxiety, danger and alarm, and never more so than when it succeeds delivery, whether mature or premature. In such cases it retards recovery, endangers life, and is often the immediate cause of death."

"It is not infrequently the case, that in the early months of pregnancy the uterus expels the foetus, while the placenta is retained, but partially detached from the uterine walls, in which event excessive hemorrhage is an accident of difficult prevention. In all such cases as have fallen under our observation, the hemorrhage has immediately ceased on the complete detachment and removal of the placenta. The question now under consideration is, whether hemorrhage under such circumstances shall be arrested beyond the probable contingency of a return, *by an immediate removal of the placenta with instrumental aid, if need be*, or whether the case shall be trusted to those uncertain remedies, styptics and the tampon, aided by time and the recumbent posture? In our ten years of rather limited experience in cases of alarming uterine hemorrhages following abortion, we have lost no time in detaching and removing the placenta, and we have seen no reason to regret our course. . . . Even in cases of hemorrhage before the uterus has expelled the ovum, *where the life of the patient is in jeopardy, and all hopes of saving the life of the embryo have vanished*, we have not hesitated to separate the embryo from all vascular connection with the uterus, and remove the products of conception; in which event the hemorrhage has invariably ceased."

Dr. Gibbs gives preference to the instrument devised by our friend Dr. Carey, of Dayton, Ohio, and which was described and figured in the *Western Lancet*, p. 276 of Vol. XVIII. For this purpose, Dr. Gibbs regards Dr. Carey's instrument superior to the "crotchet" of Dr. Dewees, or "placental forceps" of Dr. Henry Bond.

These quotations sufficiently express the essential views of Dr. Gibbs in his paper. He adds the details of two cases illustrative

of these views : in one of them there was a miscarriage with retention of the placenta after resorting to a variety of expedients, immediate relief was afforded, and hemorrhage arrested at once, by removing the placenta, with an instrument modeled after that of Dr. Carey. The other was a case of profuse and continued hemorrhage at the sixth week of pregnancy : relief was afforded in the same way.

13. *Ages of Patients affected with Carcinoma Uteri.*—Prof. Simpson, in a lecture on cancer of the uterus, reported in the *Med. Times and Gazette*, speaks as follows of the ages of the patients : “Cancer of the uterus attacks usually the adult, or those advanced in years, the period of its most frequent occurrence being between forty and fifty. Out of four hundred cases tabulated by Madame Boivin, she has noted twelve as occurring in individuals under twenty years of age ; but these were most probably cases of chronic inflammation, or of some other simple affection of the uterus. Rejecting, therefore, these doubtful cases, and adding to Madame Boivin’s table the reports of the ages of one hundred and twenty-two patients with carcinoma uteri, furnished by the late Prof. Kirvisch, of Würzburg, we obtain the following—

Per-centage of Cases of Carcinoma Uteri, occurring at Different Ages :

From 20 to 30 years of age.....	88 cases, or 17 per cent.
“ 30 “ 40 “ “	121 “ “ 23 “
“ 40 “ 50 “ “	249 “ “ 48 “
“ 50 “ 60 “ “	40 “ “ 8 “
“ 60 “ 70 “ “	20 “ “ 4 “
Above 70 “ “	1 “ “ 0.1 “

Total number of cases, 519.

“Cancer of the uterus, contrary to a common opinion, doubtless is found oftener in the married than in the unmarried, and the subjects of it very often have large families.”

14. *Superfluous Fingers occurring in Five Generations.*—A patient of Mr. Dixon’s, at the Ophthalmic Hospital, the other day presented an example of the occurrence of five fingers on each hand. The superfluous one was the little finger developed on the inner border of the hand, and the deformity was precisely symmetrical. The subject of the case was a stout, large-made man, upward of sixty years of age. He stated that his father and his grandmother (paternal) had the same malformation, and that six

of his daughters had inherited it. One of his daughters was married, and one of her children also presented the same superfluity.—*Med. Times and Gazette*.

15. *A New Form of Cotton-Wool Pessary*. — Mr. Bryant strongly recommends a new, simple, and very efficient form of pessary, devised by him for cases of uterine support, or for the employment of medicated substances in the vagina. The pessary is composed of cotton-wool, enclosed in a pyriform net. It is softer, less irritating, and far more cleanly than the sponge or caoutchouc pessary, and readily absorbs astringent or other solutions which may be prescribed. The mouth of the net is closed by a stout silk thread, which hangs through the vagina, and allows of the ready withdrawal of the pessary.—*London Lancet: Braithwaite*.

OPHTHALMOLOGICAL.

16. *Unguentum Sulphuris as a Remedy in Granular Conjunctiva*.—Mr. Wharton Jones in a letter to the *Medical Times and Gazette* states, that the common unguentum sulphuris of the pharmacopœia has been used of late at the eye infirmary of University College Hospital as a remedy in granular conjunctiva, with encouraging results. He recommends scarification of the affected part every second or third day, and then the application of the ointment. In scarifying, small crucial incisions are recommended to be made. The mode of applying the ointment is as follows: a piece of the size of a split pea is to be taken upon the point of a probe, or on the point of the nail of the little finger of the right hand, and insinuated under the upper eyelid, while this is drawn forward from contact with the ball; when the salve is fairly on the eye, the upper eyelid is to be gently drawn down, and rubbed over the eyeball with the finger for a minute or so, in order to diffuse the salve, now melted by the heat of the eye, between the eyelids and eyeball, and consequently all over the eyeball.

The sulphur ointment causes rather more pain than the red precipitate ointment. Mr. Jones was led to try the sulphur ointment by supposing that the disease might be produced, or kept up, by some parasitical organism, and that sulphur might be a remedy. He suggests a microscopical examination.

Miscellany.

The Philadelphia College of Physicians and Dr. Mütter.—We are pleased to announce that Dr. Mütter has, since his return home, perfected his liberal donation to the College of Physicians of Philadelphia. On the eighth of January last, the articles of agreement were regularly signed and sealed, according to law, by Dr. Mütter, of the one part, and by the president and secretary of the college in behalf of the other part.

According to this agreement, Dr. Mütter is to convey to the college his pathological collection, to serve "as the basis of a museum, to be denominated 'the Mütter Museum, founded by Thomas Dent Mütter, M.D., LL.D., A.D. 1858,' " as soon as the college "shall have erected a building suitable for the reception of said collection."

Dr. Mütter agrees, also, to "defray, during the term of his natural life, the expenses of maintaining said museum."

According to the agreement, property to the amount of thirty thousand dollars is deposited in trust for the maintenance of the museum, the payment of a curator, and the endowment of a lectureship on surgical pathology, the income of said trust fund to be employed by Dr. Mütter during his life, and, in case of his death, by his heirs, until the requisite building is completed by the college.

In consideration of the foregoing, the college is bound to erect, within five years, a fire-proof building, containing "an apartment of sufficient dimensions for the accommodation of said museum and its probable increase."

The college is further bound to provide certain officers, and adopt certain regulations, for the care and management of the museum and lectureships; also, after the death of Dr. Mütter, to disburse, through a museum committee, the income of the trust estate already described, for the following purposes and no other:

"1. For the salary of a curator, \$300 per annum.

"2. For the salary of a lecturer, \$200 per annum.

"And the remainder of said income to the preparing, fitting up, keeping in order, increasing, and insuring of pathological and

anatomical preparations and specimens, illustrative of surgery and medicine, drawing models, casts, and other like matters, which are intended to form the museum aforesaid."

The various details of the regulations secure the preservation and growth of the collection; its employment by the Mütter lecturers in illustration of their courses, and free access to it, under proper restriction, of graduates and students of medicine, without charge or fee.

The lectureship is to be held by the same lecturer for three years in succession; at least ten lectures being given in each annual course. The lectures are to be delivered in the college building, and the same lecturer is not to be elected for two three-year terms, in succession.—*Medical News, for Feb.*

Ricord and Chomel.—The late lamented Chomel was in the habit of retiring, at the end of each week, to a beautiful country seat which he had bought in the neighborhood of Paris. This fine estate was lately put to the hammer; and we are glad to find that it was knocked down to another illustrious member of the profession. M. Ricord is the purchaser, and thus will Chomel's chateau remain in professional hands. A *fête* was lately given at this country-seat by the syphiligraphist, who was warmly congratulated by his friends on having, at last, acquired some of the characteristics of the bee, besides those of zeal and perseverance in labor.

Propagation of "Distemper" from Animals to Man, by Prof. Krause.—Professor Albert Krause has lately established the communicability of this fatal distemper from the lower animals to man, and by a series of experiments has also proved that the disease may be propagated from man to the sheep by inoculation. A man having skinned a sheep which had distemper, sickened and died. The symptoms which he presented during life, and the appearances observed on dissection of the body, threw ample light on the nature of the disease. With the blood of this man a sheep was inoculated, which died within thirty hours, and with its blood another animal was inoculated, and so on until seven others were destroyed. The eighth experimented on did not die of this operation. Death took place in each case after a period which varied from fifty to forty hours after the reception of the blood by inocu-

lation. In the bodies the spleen was found disorganized, and the blood assumed the appearance of tea. Under the microscope the blood corpuscles were found to be club-shaped, and this was observed during life. Even in the animal which had been last inoculated the blood presented this appearance during its illness, but it no longer existed on its recovery. In addition, vibriones were discovered in the blood of the dead animals. These observations leave no doubt that in this distemper, and in other analogous diseases, the alteration of the blood plays the most important part. Professor Krause, after he had made these dissections, felt a sensation of heaviness in his left hand and foot; after some days these symptoms disappeared under frictions, liq. ammon. vinos. Six days later, symptoms referable to the brain, such as noises in the ears and spectral illusions, set in, but they also soon disappeared.—*Deutsche Klinik.*

The Legion of Honor and the Medical Profession.—No less than twelve crosses were lately given to medical men, both in civil and military practice. Amongst the higher grades of the order we notice Messrs. Andral and Trousseau. These eminent physicians have attained the rank of commander, which is the highest but one in the Legion of Honor.

Pennsylvania Hospital.—Dr. Wm. Pepper has resigned his appointment as physician to this institution, a post which he has held for a number of years with great honor to himself, and advantage to the hospital.

TO PHYSICIANS AND STUDENTS.

A Course of Anatomical Demonstrations will be given in the Medical College of Ohio, to begin Monday, March 14th, and continue two months.

These Demonstrations will be conducted in such a manner that the student can see and examine each part of the body separately and in its relations.

The Great Sympathetic Nervous System

Will be demonstrated in its relations and distribution to the viscera, and also in its connections with the cerebro-spinal nerves.

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Demonstrator of Anatomy in the Medical College of Ohio.

THE
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CONDUCTED BY

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Original Communications.

ARTICLE I.—*Bronzed Skin, with Disease of Supra-Renal Capsules.* By WILLIAM KRAUSE, Cincinnati, Ohio.

[Concluded from page 145.]

For the present, it is impossible to hold a statistical review of the several symptoms. From the incompleteness of many reports, it is evident that some of them have unintentionally been made to resemble Addison's description of the disease. If this is partly apparent from the inexact *post mortem* examinations, it may be inferred, on the other hand, from the differing descriptions given of the complexion. Admitting, however, all those cases on record to have exhibited symptoms identical to those of Addison, it might look premature yet to form after Trousseau a new species of disease—Addison's disease, as he terms it. For we proved above, that to seventeen cases of bronzed skin, sixteen formed, in one or the other respect, a direct opposition. Again, even apart from these sixteen cases, it is apparently inadmissible, as Féréol remarks, to refer one single symptom to so many and different pathological alterations; especially as the degeneration of the supra-renal bodies in the majority of cases seems to have been merely of a secondary character, other organs being found diseased almost in all carefully written reports. The question there-

fore urges itself upon our consideration, whether bronzed skin, analogous to icterus, is no disease, but simply a symptom of different diseases. This question, on the one side, and whether there is really a causal connection between the morbid changes in the supra-renal bodies and the pigmentation of the skin and the other symptoms, or whether both alterations depend on a third cause—for instance, some constitutional disturbance,—all these must be considered open questions yet. If, however, anybody should feel justified to presume, on the authority of seventeen cases, some connection between the diseases of the supra-renal bodies and bronzed skin, (which presumption may appear less hazardous after the remark made by the reporter on Addison's disease in the *British Review*, that in spite of the greatest care only a few cases have been observed within a year in Guy's Hospital in which one or both supra-renal bodies were found partly disorganized without discoloration of the skin; and as Wilks also marked in five hundred dissections only one case of tubercles of the supra-renal bodies without discoloration of the skin.) then we must adopt Féréol's conclusion, that the function of the supra-renal bodies is this, to receive from the blood all, or at least the greater part, of its coloring principle; which function being disturbed by some disease of the organ, the pigment is deposited in places where it is naturally found in considerable quantities, such as face, hands, axillæ, genitals, areæ of the nipples, etc. He further observes, in order to give a better foundation to his proposition, that in all cases of Addison's disease known some change of the blood was noticed usually brought under the head of anæmia. The pathological symptoms are analyzed by him after the results gained by Brown-Séquard's experiments on the function of the supra-renal bodies.

Among the articles written on this presently so interesting chapter of physiology, those of Vulpian, Brown-Séquard, Gratiolet, and Philippeaux must be mentioned. Hirschfeld's anatomical researches furnished nothing different from Koelliker's description. Brown-Séquard's investigations were, up to the most recent time, the most minute and successful. He was led by them to the conclusion that the supra-renal bodies, these small organs, are not only necessary to life, but their functions number among the most important ones in the animal economy. However interesting it

would be to give at least some outlines of his careful and diligent experiments, the limits prescribed to our report forbid more than a brief notice of their results. These are condensed by him in the following propositions: 1. The supra-renal bodies are absolutely necessary to life; 2. Suppression of their function is attended by the destruction of life in a shorter time than the suppression of the urinary secretion; 3. Their specific function is probably this, to change some substance which is easily transformed into pigment, so as to destroy this, its quality; 4. Peculiar crystals form themselves very quickly in the blood drawn from the blood-vessels of animals, the supra-renal bodies of which had been removed; 5. The cachexy described by Addison, the symptoms following the removal of the supra-renal bodies from animals, and the pigment disease of rabbits, are different only in the intensity of their symptoms.

These experiments of Brown-Séguard are decisive, in our opinion, as to the existence of such a pathological genus as Addison's disease. They confirm, moreover, in the most direct manner, Koelliker's view of the supra-renal bodies, as published in the year 1852, that these organs contain two physiologically quite different parts—the cortical substance, ranging among the vascular glands, and the central medullary portion, belonging in all probability, as Bergmann had previously presumed, to the nervous system.

The most prominent symptoms of Addison's disease are the bronzed skin and the disturbance of the nervous system. It is, therefore, perfectly natural to refer—as Féréol and Taylor did, the latter (with a knowledge of Koelliker's views)—the change of complexion to some disease of the cortical substance; the nervous symptoms, the remarkable retardation of the pulse and respiration, to morbid changes of the central substance.

Taylor subjoins an interesting hypothesis, which seems to deserve some attention. He puts the question, whether the chloasmata of pregnant women, which disappear after delivery, may not owe their origin to some connection between the gravid uterus and the supra-renal bodies, analogous to that of the kidneys, which may be congested even to the secretion of albumen. While he justly refutes the assumption, that this hyperæmia is owing to mechanical pressure, he resorts to an equally hazardous hypothesis by explaining it by the simple contiguity of uterus and supra-renal

bodies, especially as Meckel, Treviranus, and Otto made the observation, that on mammalia, with richly developed genital organs, the supra-renal bodies are also found of large size. Eight pathological cases are cited, moreover, to prove his assertion. Virchow's analysis of the blood-vessels of the placenta, which affords a much more satisfactory explanation, could, of course, not be known yet to him. Virchow justly remarks, that the large veinous sinuses in the placenta, which communicate by the spermatic veins with the renal veins directly and indirectly, must considerably retard the circulation of the blood in the kidneys. Taylor finally adopts Koelliker's view, in his proposition, that the deposition of pigment during pregnancy depends on the cortical vascular substance, while the affections of the nervous system, convulsions, for instance, so frequent with bearing women, may be connected in some way or other with the central substance, and do not depend on the urea found in their urine.

Since May, 1857, up to the present time, but little progress has been made in the knowledge of our disease. Among those particularly slow in believing in its reality, stands foremost Harley, of London. His experimental inquiry into the function of the supra-renal bodies and their supposed connection with bronzed skin, as published in the *British Foreign Quarterly Review* for January and April, 1858, gives the most accurate description extant of the microscopical structure of those organs. He coincides in the main points with Koelliker, his teacher. He denies, however, the existence of any large cavity in the centre of the healthy human supra-renal body, and says that when such was found it was the result either of accidental rupture of the medullary substance or the effect of disease. There are, however, a number of small sinuses in the centre of the organ. The large nucleated cells in the central fibrous meshes he considers as true secreting cells. The supra-renal bodies of aged persons, according to his statement, may undergo fatty degeneration without causing any morbid symptom. On the foundation of Harley's remarks, I ventured to substitute in my paper the uncommon appellation of supra-renal bodies to that of supra-renal capsules, for which arbitrary action I beg to be absolved by the society. The common name, however, appeared no longer in harmony with the progress made in our science, as, strictly speaking, the supra-renal capsules neither are capsules themselves

nor form a capsule to the kidneys, to which they are not related by structure or function, but simply by contiguity. Harley further denies that there is at present any physiological evidence in favor of either the supra-renal bodies being absolutely essential to life, or of their having any direct communication with the chromatogenous function of the skin. The negative results of his investigations, however, can hardly refute the positive conclusions at which Brown-Séquard arrived. Hutchinson also justly recommends to Harley caution in the attempt to deduce conclusions from the experiments on lower animals.

The pathological observations, by which our statistical tables might be swelled, however numerous, are mostly unfit for reference. Like their predecessors, they are good, indifferent, and bad. The most valuable contributions to the knowledge of Addison's disease have again been furnished by English writers, who even were not backward in reproaching their German relatives with too little zeal in this their common cause. For, in addition to the case of Mettenheimer, only another has been reported by Hartung. This rarity of reports of Addison's disease in Germany seems to admit only of one explanation, namely, the rarity of the disease there, as I cannot remember to have ever seen in German hospitals a single case which properly belonged to that category. In England cases have been reported, the majority of them in the *London Lancet* and *Medical Times and Gazette*, two by Hutchinson, two by Wilks, one severally by Lee, Holmes, Todd, Harley, Habershon, Rees, Richardson, Walshe, Thompson, Bennet, Lovegrove, Brittan, Davies, Cowan, Cotton, Sloane, Goolden, Brinton, and by Gould in America. Contributions have been furnished in France by Gromier, Jubian, Charcot, Vulpian, Verney, Hecht, and Frésne. Tigri, Gemelli, Torresini, Peirani, Benvenisti, reported cases in Italian journals, and one report finally is to be found in the Greek journal *Ho Asklepios*. These thirty-five cases, added to the seventy-seven cases enumerated above, give a sum total of one hundred and twelve. Apart from those which I was unable to reach, or which are unfit for reference, there remains a sufficient number to corroborate all the inferences drawn from previous reports. While some cases have again been brought forward, for instance by Hutchinson, Harley, Habershon, Walshe, Verney, Brinton and others, in which the capsules either were not diseased or no me-

lasma of the skin perceptible, the proportion also of indisputable instances of Addison's disease has equally increased. (See cases reported by Hutchinson, Todd, Richardson, Addison, Lovegrove, Bennet, Hartung.) Bronzed skin being no pathognomonical symptom of the disease, or its color not being sufficiently marked, there will occasionally fall under observation cases a differential diagnosis of which is next to impossible. Light shades of bronzing of the integuments may be mistaken for icterus, as probably all cases of distinct bronzing were called *icterus melanodes* before the appearance of Addison's monography. Bennet suggests the following points for our diagnostical consideration: 1. The bronzing shall have commenced on the parts most exposed to light or other irritant; 2. It shall be most marked on the part most abundantly supplied with pigment in a state of health, and next in degree in those most exposed to light or irritation; 3. It shall be symmetrical, or nearly so; 4. There shall be stains on the mucous membranes of the lips; 5. While there shall be some patches, yet the entire surface shall be muddy and discolored. The temporary improvement, which is sometimes noticed, in the color of the integuments, is owing, according to Addison, to the subsidence of inflammatory action in those parts of the supra-renal bodies which had been irritated by recent pathological deposits in adjacent ones. About the relation of pituitary gland and supra-renal bodies, nothing definite is known.

In fine, I have the pleasure of reporting that two well authenticated cases of cure of Addison's disease can be found in the annals of our science. The first of the kind on record is that published by Hartung, 1857, in *Froriep's Notizen*. His patient, forty-three years of age, had been afflicted with bronzed skin and all its concomitant symptoms for more than two years, without deriving material benefit from any treatment, until he received a decoction of *radix calami aromatici* with the tartrates of iron and potassa, which remedies he took during three months, after which time he was discharged completely cured, nor has any relapse taken place since. Another instance of successful treatment of Addison's disease is on record by Richardson, in the August number of the *London Lancet* of last year. Richardson's patient fully recovered under nitro-muriatic acid mixture and cod liver oil, with nutritious diet. In Bennet's case, the disease was

evidently in process of spontaneous cure. Temporary improvement in the symptoms was effected in Todd's case by the free dietetic use of sugar, and in others by adopting a generally roborant plan of treatment. Such therapeutical successes were to be anticipated; for it would be strange, indeed, if the diseases of the supra-renal bodies alone were not amenable to treatment or capable of spontaneous cure.

If we are to sum up the results of our analysis, we cheerfully admit that Addison added a new chapter to pathology. Addison's disease will henceforth designate no particular species of disease, but, like Bright's disease, it will be a generic term, comprising a group of structural and functional lesions not sufficiently known yet to admit of clinical discrimination. Bronzed skin is one of the symptoms of Addison's disease which may be present or not. In chronic cases of more than a year's standing, it has never been found wanting. Again, functional derangement of the supra-renal bodies may bronze the skin, though they appear yet healthy to the eye.

The history of Addison's disease is by no means finished. Its actual occurrence, however, seems to be a fact, and subsequent labors in its behalf can only have the value of facilitating its diagnosis by enlarging our knowledge of its nature and symptoms, and of advising a more rational and satisfactory treatment.



ART. II.—*Upon the Use of Opium in Certain Conditions of the Parturient Process.** By C. A. LOGAN, M.D., Leavenworth City, Kansas.

Foremost amongst the many difficulties that the accoucher is obliged to encounter in his daily experiences stand the derangements of the propulsive and expulsive powers of the uterus itself. Distortions of the pelvis and malpresentations of the child, in their various forms, constitute, it is true, obstacles which occasionally render the process of parturition one of serious and portentous import; yet these, in a very large majority of cases, are overcome by a scientific knowledge of the relations and adaptations of the fœtus to the pelvic cavity, with safety to both mother and child.

* Read before the Leavenworth Medical and Surgical Association.

But the motor forces, which launch the young being into the world, are resident within the maternal economy, and consequently, being less under our control, frequently become the most vexatious and unmanageable impediment to a safe and speedy delivery. Our advance in this department of labor has in no wise been commensurate with that of the mechanism of the process, and consequently when the world was presented with a remedy that was thought to possess a controlling influence over the uterine fibre, it was greedily seized upon and applied indiscriminately to every case in which the uterine forces were inefficient; and with what result thousands of childless mothers can tell. That ergot is a powerful agent, for good or evil, no one will deny; but that it is utterly inadmissible in a very great many cases of uterine inefficiency every experienced practitioner will bear testimony.

My object in writing this paper is to narrate briefly a form of treatment I have been adopting for the last few years, in a variety of tedious labor with which probably we are all familiar, which has been attended with very great success in my hands.

We are summoned, hastily, to see our patient, whom we find has been in labor, perhaps, some hours, with the most excruciating pains, and, upon inquiry, we find that the pains are confined almost wholly to the back; there is little or no effort at "bearing down," but almost a continual outcry, for the pains scarcely leave at all. A vaginal examination reveals to us the fact, that notwithstanding the severity of the pains, the membranes scarcely become tense; there is, in fact, no propulsive action exerted upon the ovum which occasions it to advance one inch. The parts may be soft and perfectly natural; the os may be dilated to any extent compatible with the integrity of the membranes; and when dilated we generally find that the pains came on naturally enough at first, but after an uncertain period lost their expulsive character and assumed that which we are now considering.

These pains are of the most exhausting nature to the woman, and frequently, in her anguish, she will cry out, "Oh, Doctor! I shall die; I know I shall!" And, upon my word, in my early experiences, I have really thought she would. Now, this species of pain, although frequently met with in females of a robust and plethoric habit, is much more likely to happen to those of a delicate and nervous conformation.

I have remarked that this irregular kind of pain may come on at any time prior to the expulsion of the child, and not, as asserted by Madame Boivin, only before the head has passed the superior strait. I have known it occur after the head has escaped from the uterus. Here, however, the pain and impediment to delivery is produced by a somewhat different state of things from that which occurs before the rupture of the membranes. In the former case, the neck being subjected no longer to the mechanical dilatation of the child's head by the same species of irregular contraction as occurs in the last form, becomes constricted around the neck of the child, thus preventing the shoulders from passing even, were the *vis a tergo* of a natural character.

This kind of pain has been commented upon by more than one observer. Dr. Dewees, in his excellent treatise on midwifery, in speaking of its cause, remarks, that "it has been attributed by some to the stretching of the posterior ligaments of the uterus; by others, to the violent contraction of the muscles of the posterior part of the trunk. We are of the opinion it is caused by *some irregular action of the uterus itself.*"

In contemplating the dynamical forces of parturition, it is not necessary for our present purpose to go into an investigation of their final and efficient cause: whether it is due to the inherent contractility of the uterus, as maintained by many, or as the result of a "reflex" action of the spinal cord, as elucidated by Dr. Tyler Smith, concerns us not at present. We have but to examine the structure of the uterus, to find it composed of muscular fibres disposed in such a way that their united and harmonious action has the effect of diminishing its cavity in all directions. In order, then, that the action of the uterus should be efficiently exerted upon its contents, it is necessary that an equable and steady balance must exist between the longitudinal and circular fibres (I do not refer to the semi-circular fibres disposed around the cervix); and if, through a perverted nervous action, or an exhausted condition of the muscular fibre, or any other cause, the unity of action should be destroyed between the two sets of fibres, it is evident that the object will be defeated so long as this disproportion continues. Now, this is what I conceive to take place in the kind of cases I have referred to. The uterus, being muscular in its character, must be subject to the same laws that govern the muscular tissue

generally; and hence we find that in females of a delicate habit, in whom the nervous energy is deficient or unequal, this state of things is apt to exist; or in those in whom from any cause—as a large head, a large quantity of liquor amnii, etc.,—the dilatation has been tedious, and the muscular structure has been subjected to long continued and violent action, this spasmodic condition is apt to obtain; also at the commencement of labor, and especially in primiparous cases, before the simultaneousness of the movement is developed, it presents itself; and, finally, it is seen frequently in those women of a full and plethoric habit, in whom an undue supply of blood predisposes to a morbid irritability and contractility of the muscular tissue generally. In the latter cases, the lancet freely applied constitutes a weapon of never failing efficacy. It is in the first mentioned conditions that I wish to present *opium* as a remedy of untold potency for arresting the irregular action of the uterus, and restoring the pains, paradoxical as it may seem, to their original and proper condition; and this it does by simply equalizing the perverted nervous action, allowing, nay, compelling a uniformity of action in the uterine fibres. Nor does it have the effect, in a large majority of cases, as might be supposed, of putting an end to all pain: on the contrary, I have seen women shrieking almost incessantly with this form of pain in the back without any expulsive action of the uterus, under the repeated administration of an opiate gradually become calm, have a decided interval established between the pains, and themselves gradually merged into powerfully expulsive efforts, which would terminate more rapidly than I dared hope in the birth of the child. I have, at times, been astonished at the magical change, and never more than the first time I had occasion to prescribe the remedy. The woman was in the condition before described; an examination showed the os to be dilated to about double the size of a dollar, but there was no advance of the child whatever; and thinking to quiet the pains, in order that the uterus might obtain a period of rest, I prescribed an opiate, to be given every twenty or thirty minutes until the *pains were stopped*, and, promising to call again, I took my leave. I had not been gone long, however, before a messenger requested my immediate attendance. My surprise may be imagined, upon arriving, to find the child born. I was informed that she had taken two doses of the opium, and that after taking

the first the old pains began to leave and become bearing down ; and that after taking the second they became very violent ; and in three-quarters of an hour after the first dose the child was born. An old lady, who had been her attendant, confidentially said to me, “ Doctor, when you give such *powerful stuff* to bring it on, you ought to stay by.” I took the hint, and have used it to advantage ever since.

Ergot, it will be perceived, in this case would have been inadmissible at the time of her taking the opium, for I believe it is now an established rule never to give ergot unless the os is not only dilatable, but fully dilated. Nor do I believe that bleeding, that mighty weapon so heroically used by some in the parturient condition, would have been attended with the success of the opium ; and I am sure the patient was vastly better off, and convalesced much more speedily, than had a profuse bleeding been practiced. Say what we will, there can be no doubt that the excessive loss of blood to which many women are subjected has been a most fruitful source of the diseases and mortality incident to the puerperal state. No man can estimate its efficiency more highly than myself, yet, like ergot, it is not a specific for *all* the ills of parturition ; and it is only when based upon a rational consideration of the conditions present that its advantages, stripped of its deleteriousness, may be realized. I have seen women rise from child-bed so blanched, so totally bloodless, as more nearly to resemble an emaciated wax figure than anything else. I mention these things to illustrate the unpardonable abuse of remedies that so many of us are liable to be guilty of.

In this connection, I may be permitted to extract one of the many cases from the pages of my note book : “ September 13, 1856. Mrs. John W——, taken to bed with her fourth child. Has always had an excessive, lingering labor. Was taken with pain early in the morning, but being aware of the length of time she always suffered, did not send for me until midnight. Arrived, I found her in intense agony, complaining bitterly of her back, while the pain never left her. Pulse weak, skin cool, no vomiting. An examination revealed the os largely dilated, but there was little or no advance of the head during the pains. Parts soft and yielding. She tells me that this has been the character of her previous labors, and that always before she has been largely bled, but which seemed to do her no good. I gave her thirty drops of

unctura opii every twenty or thirty minutes, and soon the pains began to leave the back, and, becoming violently expulsive, the child was born in one hour and a quarter. She declares it to be the 'quickest' time she ever had. Convalescence rapid."

This case is illustrative not only of the efficiency of opium in certain cases, but also of the misapplication of blood-letting in her previous labors. Even in cases where the requisite conditions for the administration of ergot are present, I prefer the opium, if it is adapted to the case: first, because I regard it as eminently more certain; and second, because I do not believe it is accompanied with any of the perils of ergot. I speak now of its judicious and proper administration: all remedies are liable to abuse, as I have before mentioned.

I generally use the sulphate of morphia, in a simple aqueous or aromatic solution, in doses varying from the one-eighth, one-fourth, to even one-half of a grain, according to the circumstances, repeated every twenty or thirty minutes until the pains either change their character or cease altogether, which latter condition is greatly more favorable than the distressing pains, which do not advance the labor at all, but, on the contrary, exhaust and prostrate the patient to the last degree. Besides, after a period of rest, the uterus generally is aroused to a healthy and vigorous action, which soon completes the labor. I have never seen any untoward symptom arise after its administration that could fairly be attributed to its use; and, when given in the gradual and cautious manner I have indicated, not even an unusual amount of drowsiness to supervene. Neither have I ever seen a case of hemorrhage follow it.

The frequent and indiscriminate use of ergot by injudicious practitioners has come to be a crying evil. It is not that we do not possess the remedies to combat these cases of lingering labor dependent upon a deficiency of uterine power, that we are obliged to wait for hour after hour with vexatious impatience, exhausting not only the woman but ourselves; but it is rather because we do not inquire strictly into the pathological conditions present, and apply our remedies knowingly, but give ergot, perhaps, when we ought to bleed; bleed when we ought to give ergot; or do both when a few doses of opium would produce a happy termination for all parties.

Specifics in labor, like specifics in disease, are the consequence

of ignorance, and attended with the same disastrous results. If one-half the elaborate investigation had been applied to the study of the motor forces of parturition, normally and abnormally considered, together with their dependencies generally, that has been bestowed upon the elucidation of their primary exciting cause, the long catalogue of lingering labors would be very materially diminished, and a real benefit conferred upon suffering humanity.

ART. III.—*Case of Premature Labor—Fœtal Malformation.* By
W. G. BROWNING, M.D., Mt. Carmel, Kentucky.

August 27th, 1856, I was called to see Mrs. —, aged twenty-two, nervo-bilious temperament, married about six months. She informed me she “had the ague,” and had had several chills before sending for me. Her fears in regard to her condition were considerably excited, as she believed herself to be about four months pregnant. I examined her case, and found nothing more than usual in a case of simple intermitting fever of the *tertian* type, and for which I immediately prescribed the usual remedies. She progressed finely under the treatment, and continued to do well until the twenty-fifth day from the time she had the chill broken. While, or shortly after a heavy day’s washing, she was attacked with a “severe chill.” I was immediately sent for. The chill not leaving as soon as usual, I remained until after reaction was completely established. I prescribed as before and left her. The disease yielded again promptly, and in a short time (too soon) she was on foot and regularly at her labor, which was more than the state of her system and the circumstances in the case would justify; as shortly afterward she was confined to her bed with symptoms threatening abortion. I was again called to see her, and found her condition much as follows: incessant nausea and vomiting; violent pain in the “small of the back and bowels, low down,” with frequent calls to make water, accompanied with much effort, burning, etc.; pulse much excited, but without tension or fulness; appearance of tongue natural; thirst not great; appetite had been bad for several days; bowels acting very well. Her pains were of an alternate character, in addition to the *continuous* “heavy pains” of which she so much complained. I

requested an examination *per vaginam*, to which she readily consented. I found the external parts quite tender and hot; the os uteri was pressing down on the rectum, and not more than two inches from the world; but was closed perfectly, and firm. The uterus appeared to be elongated from os to fundus, and, I think, fully one-third of its length * could be manipulated with the finger in a *per vaginam* examination. Through the parietes of the abdomen the uterus could be felt firm and hard, but not particularly tender. The bladder was distended with urine, and quite tender to the touch. The patient informed me that she had passed not more than a half-pint of urine for more than thirty-six hours. I had the pillows removed from under the head and placed under her hips, for the advantage I would gain in the introduction of the catheter, as well as relieving the disagreeable tenesmus with which she was afflicted. With some difficulty I introduced the catheter and drew nearly a pint of offensive urine. She was much relieved, and still preferred the position with the hips elevated. I prescribed the following :

℞ Morphiae sulphas, grs. iij.
Potassæ nitras, ʒj.
Sodæ bicarbonas, ʒ ij.
Misce. Dividenda in chart. No. iij.

One to be taken immediately, and repeated every two hours until the pain ceased. Small portions of mucilage of elm were allowed, which *alone* was to be her nourishment for the time. I also had the vagina syringed every four hours with mucilage of elm. A sinapism of mustard was applied to the precordia, to be removed and reapplied as the state of the parts could bear.

I visited her the next morning, and found her condition very much improved; so much so, indeed, that I thought I could leave her in safety under the following circumstances, viz.: she was to remain in bed as much as possible, with the hips elevated, for the space of ten days, and under no consideration was she to assume the erect posture without the abdomen being well supported by a pair of laced drawers with a soft pad in front, and applied so as to give the necessary support without inconvenience or restraint. The vagina to be syringed twice a day with mucilage of elm

* From within two inches of the external vulva, to the enciform cartilage.

(cold), and at night with a weak solution of acetate of lead (cold) and laudanum. Her diet was to be of the lightest kind, and to be taken in small quantities. The bowels were to be moved once or twice in the course of a week, with oleum ricini; if not disposed to act sufficiently, by injecting, *per anum*, f3 j. of the same to f3 viij. of warm water. I left her, requesting the husband to let me hear from her every other day, and earlier if any increase of former difficulties.

She continued to improve, but slowly; scarcely able at any one time to remain out of bed more than a half or an hour in twenty-four. She lingered in this situation, pretty much, until the 23rd of November, when I was called to see her in haste; but being from home a distance of four miles, I did not see her for three hours after the dispatch of the messenger. When I entered her room her female attendant remarked, that "I must be in a hurry, for Mrs. ——'s water broke three hours ago, and she had been pained enough to bring the child, and she was quite out of heart." I examined *per vaginam*, found uterus fully dilated, the vagina and external parts indicating a speedy consummation of her sufferings. I *touched*, and found the right eye of the fœtus presenting, a little to the left of the symphysis pubes (it—the eye—was wide open). During a pain the head would sink down as though it would engage in the inferior strait; but as soon as the pain ceased it would mount upward again. I ascertained the head to be sufficiently small as to allow one of natural form to pass in whichever position it would chance to present. I waited to see the effect of several pains, but the head would mount upward as soon as the uterus relaxed. I introduced my right hand into the vagina, in the absence of pain, and proceeded to ferret out the difficulty, if possible. I passed the finger, expecting to touch the eye, or superciliary margin, or the cheek of the fœtus; but, instead of either, I touched that which I ascertained to be the sternum, and pushing the finger a little upward it touched the chin. A pain coming on, I was enabled to touch successively the mouth, nose, eye and forehead (these parts revolving over the palm of the hand), if such I could call it. I steadily moved the hand onward, and letting the fingers fall toward the head of the fœtus, I discovered (the pain subsiding) the occiput beginning to rise, as it had done several times previously. The pain entirely off, I now

made an attempt to ascertain the true state of the case, and deliver the patient of this monster, as I withdrew my hand, if in my power. The occiput appeared to be pressed in toward the os frontis, presenting to the touch a rough, raw, semicircular concavity; to the border of which, for about two-thirds of its circumference, was attached a sack, or membrane, connecting some other part of something—I knew not what. On the recurrence of the next pain, I let the fingers fall against the border of this rough concavity, and employed as much force as I could, justifiably. I operated in this way during the continuance of four or five pains, but to no purpose. In addition to this hold with the fingers, I introduced the thumb of the same hand into the mouth of the foetus; by so doing, I gained an additional point and for successful action. Pain returning, I retained this hold, made considerable traction, and encouraged the patient to bear down as much as she possibly could; but, as usual, the foetus failed to pass. This time I held firmly the head with my right hand, and made pressure with the other applied to the abdomen over the uterus. I succeeded in preventing the foetus from returning until the next pain, which was not long in recurrence. I made traction in the same manner as before, and continuing to hold fast in the absence of pain, I found I had gained considerably on this monster. Another pain coming on, I exhorted the patient to make another effort and bear down with all her might, which she did, and the foetus was shot, as it were, from the uterus like a cork from an ale bottle.

The foetus (dead) was taken to the light and examined by the mother-in-law of the patient, and pronounced a "*frog!*" I enjoined strict and immediate silence, for the better composure of my patient, whose fears in regard to the conformation of the child had been aroused to the highest pitch. This was imparted to me by the husband while sitting at the bedside after the birth of the child. He informed me that his wife went to the spring for a bucket of water, and was frightened by a "snake;" but he said he was with her and saw the "*frog.*" From this time (about the fourth month) her mind never was easy.

After discharging the necessary duties to my patient, with whom there was no further difficulty of a physical nature, I proceeded to examine the foetal frog, and really the first impression

on my mind was its very striking resemblance of a frog. The fœtus bore evident marks of having died some time previously. The cuticle would slip in many places in handling, and it emitted that cadaveric odor (before its birth) which is not easily mistaken. This singular and frightful creature could be so placed, by parting and extending the hands from the sides, as to sit in the exact position of a frog, prepared to leap; its aspect in front could remind one of nothing else. From its eyes, which were open and staring, to the top of the forehead, there is not more than a half inch of space; the head beginning to slope downwards as though it had sustained a blow or some constant pressure at this point, driving the occiput downwards nearly to the hips, and apparently imbedding it in the integuments, through the muscles of the back, and down to the spine; against which the *bare* occiput was situated. From the forehead, just above the eyes, the *membrane*, or *sack*, takes its rise, and continues to within an inch of the sacrum, thus completely enveloping the posterior parts of the fœtal head.

I presume this sack was torn from its connection with the fœtus at the commencement of labor; otherwise the presentation mentioned above could not have taken place; for, with the membranes attached as it was, the fœtus was drawn almost into a complete circle; but, by uterine contractions, the membrane was caused to tear, and thus allow the descent of the head of the fœtus. I shall give some of the dimensions of this singular specimen; but from the extreme malformation, and the difficulty in getting at some of the parts, I shall have to omit anything like regularity or method. The length of the fœtus is eleven inches; weight, three pounds; the distance from one ear to the other, over what *vertex* it has, is two and three-quarters of an inch; the distance around eyes, or forehead, and occiput, is seven and a half inches; circumference from chin, over frontis, seven inches, one-eighth; circumference from chin to occiput, as near as can be ascertained, is five and one-eighth inches; around the shoulders, ten inches and three-quarters; from the occiput to anus, two inches and a half. The length of arms is seven inches. The head of the fœtus appears to sit down on the shoulders without the connection of cervical vertebræ; so closely connected, indeed, as to cause the chin, ears, and lower part of the cheek to be on a circular line. The ears, at the lower part, are turned a little upwards in conse-

quence of their close proximity with the shoulders. The anus is preternaturally small, and is an inch higher than it should be, and placed to the left of the spinal column. The foetus is a female, and the external genitals are preternaturally small. In addition to this mass of deformity, both feet are deformed—*talipes varus*.

REMARKS.—The particular points of interest in the above case, as suggested to my mind in relation to the patient, are the following, viz.: the absence of hemorrhage under such continued and alternate contraction of the uterus; the excessive elongation of the uterus, and the continued impression on the mind of the patient (as since ascertained) that she was to have a “*child like a frog!*” The points of interest in relation to the foetus, I conceive to be the following, viz.: the excessive malformation, and the nature of such malformation, gave character to *labor*, and precluded all possibility of its being born alive, if it had continued in utero until full time; and a *probability* that the *early* and *continued* contraction of the uterus might have had an effect (by wedging the foetus down in the pelvis) in bringing about a *part* of such malformation.

QUERY.—The pains of labor are sometimes *suspended* because of some mental excitement, as every obstetrician knows: might not this continued dread on the mind of the patient have had the effect to *excite* to more or less uterine contraction; thus producing the state of the case as related, viz., the *continuous* contraction of the uterus?

ART. IV.—*A Case of Laceration of the Scrotum.* By J. BOWMAN, M.D., Sistersville, Virginia.

Most cases in surgery are peculiar to themselves, any two being, seldom, just alike, more particularly those arising from accidents. Still, some of the readers of the *Lancet and Observer* may chance to meet with a similar case to the one I am about to relate; and to them it might be some satisfaction to learn what course had been pursued, with the result.

Case.—T. D., aged about ten years, fell from a runaway horse, 10th November, 1858. The horse struck him, apparently, first with the corks and nails of the shoe on the left side above the

short ribs, leaving the parts much bruised and enchymosed; while the other foot tramped him over the pubic region, lacerating the scrotal sack and prepuce in shreds or strips not more than from three to five lines in width, thus leaving both testes exposed; the dartos muscle and tunica vaginalis communis being completely dissected off from the right testicle, leaving only that portion of the tunica covering the spermatic cord, severing all the external pubic arteries, thus causing considerable hemorrhage.

The question naturally arose, What could be the best course to pursue with the denuded testes? The first thought was to extirpate (which, by the by, was the conclusion of some, who are esteemed excellent surgeons, on hearing of the case). But, having ascertained that the spermatic cords were entire, and also that the urethra and canal was still perfect, I concluded to form a sack for the testes from the perineum and perineal fascia, thus leaving the lacerated portions of the scrotum out entirely: knowing in all reason they must all slough away, and were they brought in to help form part of the sack, it would only make a worse wound as soon as the slough would take place. Consequently, I placed the testes in as natural a position as possible, and drew up the fascia and skin in close approximation, at first, until I had entered some seven interrupted sutures there; by degrees placed some three upper ones in, at least half an inch longer than the first, thus leaving more room for the glands to play in; and, after forming as comely a member for a penis as the case would admit of, out of the lacerated portions of the covering skin of the urethra and prepuce, I dressed the wound with cold water applications. At two o'clock P. M., and at eleven P. M., the lad micturated freely and naturally, and continued to do so at intervals, with the exception of some little spasmodic disturbance during the appearance of fungus growth in the wound while healing, and the urine dribbling over it caused some irritation. As I anticipated, all the scrotal sack sloughed away, although I had taken the utmost pains to draw all the strips together with sutures. I dressed the wound with the usual antiseptics during the sloughing process, prescribing the free internal use of wine and barks. The boy made a rapid recovery, and is, apparently, as healthy as ever.

The peculiarities in this case were, that the wound, being some six inches in length, from pubic arch down, and as above stated,

the whole scrotal sack mutilated, torn into shreds and perfectly paralyzed, not the least sensation to touch, the needle passing through as though it were leather. Now, to form a safe position where the testes could be retained, was, to my mind, no small task; for, to the eyes and patience of the friends and bystanders, it was horrible; and every surgeon knows that at such a moment there is no time to consult books, and even in them I had not met with just such cases, for, as we remarked in the outset, nearly every accidental case in surgery is almost an isolated one, peculiar within itself. There may be some little confinement of the testes in adult life, but the restoration of a natural state of the parts is very wonderful, and certainly much better than extirpation of the testes.

Doctor N., from M——, and Dr. C., from W——, were invited to examine the conditions of the parts after the wound was dressed, (either of them not being convenient at the time). These gentlemen, who are experienced surgeons, acquiesced in the plan taken as being the best course that could have been pursued.

ART. V.—*History and Treatment of a Case of Injury to the Knee Joint, ending in Inflammation and Suppuration, and Ulceration of Bone: Amputation.* By R. E. HAUGHTON, M.D., Richmond, Indiana.

J. S., a mechanic, was injured by a fire engine passing over his right knee. He was under the influence of liquor at the time, and had hold of the rope attached to the engine; the men were running at full speed. This man fell, and lay upon his face at right angles with the direction of the wheels of the engine. It is very heavy, and two wheels of one side passed over his limbs. The right leg being first struck, the wheels passed directly over the knee joint. In doing so, the width of the tire was marked upon the leg, slightly cutting the skin, but deeply bruising the subjacent structures. The ground being very solid where he lay, the knee cap was pressed closely to the ground and fractured into three pieces, as shown by the oblique lines in their separation. He was taken care of and a physician called, who directed cold water to the joint. Swelling took place rapidly, and extravasation of blood throughout the leg, which increased until the limb

was nearly as black as a black hat, from the ankle to the hip. On the third or fourth day from the injury I was called to see him, and found him in this condition, with delirium tremens superadded. He had been drinking, and after his injury the stimulation was suspended on short notice.

The day that I saw him first (June 18) he had escaped from his attendants and walked from his hotel, on Main street, to the depot, about one-fourth of a mile, where he had been in the habit of working. He was brought back, and I prescribed for him large doses of opium, and ice water freely applied to the joint, as it was then very hot and much swollen. He continued to be delirious for four days and nights, raving delirium a portion of his time, and the effects of opium not produced. I then ordered ale, in conjunction with opium, and soon had the satisfaction of seeing my patient sleep quietly. After sleep was induced, his delirium entirely subsided, and the ale suspended.

In the popliteal space where the wheel had inflicted its injury as it passed, the wound became a suppurating wound, from the fact of suppuration being established in the deeper structures. While this delirium continued, it is proper to state that he could not be confined ; he kicked and struggled, and resisted his attendants, till his joint was involved in more severe and active inflammation. Accumulation of a serous fluid about the patella took place, and was discharged by a semicircular or valvular incision. This discharge continued for some days, without much change. This fluid accumulated first on the inner side of the joint, and by compression the sinus which produced this fluid was healed up, and the opening closed. Then the same thing took place upon the upper and outer side of the joint, the fluid burrowing along under the skin for two or three inches. The fluid became thicker, and more like purulent matter, and I made a free incision and discharged the matter, and then again resorted to compression and healed up the sinus thus formed. Matter continued to be discharged from the popliteal space very freely, and I made an incision here also, to allow the matter more freely to escape. Emaciation during this time was progressing, and the use of anodynes and tonics were resorted to to sustain the failing powers of life ; as also stimulants, as they were borne ; being a dram-drinker they were more demanded. Pain, on the slightest motion, severe ;

around the head of the tibia pain and tenderness was marked. The pulse, most of this time, was from one hundred to one hundred and twenty, the tongue red, appetite poor, tenderness in the epigastric region. Two or three times the general symptoms became worse, and the question of amputation came up, and a consultation of our physicians decided it was not best yet to amputate, but make a more decided effort at sustaining the powers of life. It was done. He rallied a little, and again would fail, and again would rally. The patient did not suffer much pain in the knee joint, though he was passing through inflammation of the structures of the joint, then ulceration of the ligament and cartilages of the joint, and finally denudation of the articular ends of the bones forming the joint. The knee cap having been broken by the original injury in three fragments, ligamentous union took place between the upper fragments ; but the lower and outer fragments having been drawn downward by the action of the tendinous portion of the rectus femoris muscle, and owing to delirium tremens, the position of the fragments could not be retained in proper relation. Finally the edges of the fragments became diseased, suppuration increased, and the patient gaining nothing, I decided to amputate the leg.

It should be remarked, that previous to this decision I had thought of removing the knee cap, if it would have saved his leg. Dr. Ferguson recommends the removal of the knee cap, under certain conditions of disease of the joint ; but, upon a careful examination of the condition of the joint, I found disease of bone to such an extent as to preclude the idea of longer preserving the leg, and a consultation decided that I should amputate. I did so, on the morning of the 12th of October, in the presence of several physicians. The patient was under the influence of chloric ether, and the system did not receive the least shock, apparently, from the operation. From long confinement, the heart was considered flabby, the lungs somewhat diseased, and the radial artery of the right side had calcareous deposits at several points. The patient did well, and, at the present writing, now the fourteenth day after the operation, is doing quite well.

It should be remarked, that previous to the operation diarrhœa had troubled the patient very much, and was attributable, in part, to his very depraved nutrition, and to the suppurating knee joint.

After the operation, this trouble subsided till the tenth day, when he was attacked more severely than before with diarrhœa, which threatened to destroy him very soon, but by prompt measures this attack yielded after continuing four days. (This attack I consider owing to an error in his diet.)

The operation was performed by the anterior and posterior flaps, which were brought together and united by the first intention, all except the point where the ligatures were brought out.

14th day.—Ligatures have all been removed but the one on the femoral artery, which will require a few more days. The water dressing is all that has been applied. No pain in the stump, and the few morbid sensations which were thought to be felt are gone, and the stump promises all that was hoped for by an operation, so far as it is concerned. But there is a condition of health, an impairment of nutrition, which is hard to manage, and will prevent a rapid cure.

15th day.—Patient quite feeble, some diarrhœa ; pulse ninety-four, and weak. Stump doing well ; flaps united in more than three-fourths of their extent. Patient expressed himself as being hungry and took some nourishment—beef soup and a soft egg. Directed brandy.

16th day.—Patient rather more feeble ; did not rest well through the night. Features pinched, and a haggard look. The vital powers waning. Bowels quiet to-day. Evening, patient more feeble, evidently sinking. Features more sharp. Hippocratic in appearance. Patient sinking, and died at one o'clock on the morning of the seventeenth day after amputation.

The conclusion to be drawn from such cases is, that operative measures should not be postponed too long. The result of the operation was, in itself, successful, as the flaps united by the first intention ; but the patient was not saved. If an operation had been performed earlier, there is not much doubt but he would have recovered perfectly. I think that conservative surgery is the glory of the healing art ; but when there are doubts as to recovery, give the patient the benefit of the doubt as early as possible, and remove the limb. Better that a man save his life, even with the loss of a limb, than to die with a moveable disease.

Proceedings of Societies.

Proceedings of the Cincinnati Academy of Medicine. Regular meeting, Monday evening, March 7, 1859. Reported by Jno. A. THACKER, M.D., Recording Secretary.

The Academy met at the usual hour at the office of Dr. J. F. WHITE, the President, Dr. E. B. STEVENS, in the chair. The minutes of the previous evening were read and approved.

Dr. McREYNOLDS, who had been appointed essayist of the evening, not being present, Dr. J. F. WHITE proceeded to make some remarks upon the prevailing epidemic, scarlatina. Although he himself, as he stated, had been so fortunate as not to have met with a large number of cases in his own practice, yet, as he was continually hearing of numerous cases of the disease in the practice of others, and its great fatality, he was exceedingly interested in the consideration of this disease, and was anxious to learn all he could of it and its treatment. He alluded to the case of a prominent citizen, who, within a short time, had lost four of his six children; and, although they had been under homœopathic treatment, yet, from what he knew of the result of the practice of many of our best physicians, he *did not know* they would have fared better under other treatment. Malignant scarlatina *generally* proves fatal. From his past experience and observation he regarded scarlatina as a blood poison, ranking it among the fevers of low type, and thought the great aim in its treatment should be to constantly sustain the vitality and force of the system, and that the active employment of stimulants and tonics should be chiefly relied upon. He spoke of the favorable result reported to him of the treatment of the venerable Dr. William Judkins, who placed great value on stimulants, and whose favorite prescription is—

℞ Bourbon whiskey,
Spirits mindereri, aa f℥ ij.
Syrup Simplex, f℥ j. M.

Of this a teaspoonful is given at stated intervals. Formerly Dr. J., he said, considered anointing the body with bacon grease, and applying pieces of bacon to each side of the fauces, as almost a specific; but he believed now he used it only as an adjuvant.

He himself did not believe bacon grease had any curative properties; the application of slices of it to the neck perhaps acted beneficially as a poultice.

His attention, he stated, had recently been called to the use of iron in this disease by an article in a late number of the *London Lancet*. He had not yet had an opportunity of trying it, but certainly should in the first case that offered. The preparation he proposed employing was the muriated tincture of iron. This preparation combined with water is not disagreeable, and can therefore be readily administered to children.

In belladonna, either as a prophylactic or curative agent, he had no confidence. Chlorate of potash he had been in the habit of using, and with advantage, especially in the anginose form of the disease.

Dr. E. B. STEVENS, in some remarks, subscribed to Dr. White's views in regarding scarlatina a fever of low type, and the necessity of supporting treatment, by the use of stimulants and tonics. He had employed chlorate of potash in its treatment, but as he had conjoined it with the use of stimulants and tonics, he could not say to what extent to refer curative results to this remedy; was very sure of its controlling influence over aphthous and ulcerated conditions of the mouth and throat, and supposed it was, to some extent, antagonistic of the peculiar poison of the disease.

As to belladonna being a prophylactic, he had personal experience to the contrary, and related several instances in his own practice wherein, during its fair use, cases of the most malignant and fatal character had occurred.

Dr. THACKER said that he had at the present time two cases of scarlatina, which he had been treating with chlorate of potash and the bacon anointing. One was ushered in by convulsions, and in both the fever ran high; they were now convalescing.

Dr. JOHNSON thought that the employment of bacon in anointing could have no other beneficial effect than that of merely allaying the irritability of the skin, and in that respect would not be at all superior to lard and other oleaginous compounds.

Dr. STEVENS related the following case: A lady, married two years previously, became pregnant and aborted in three months. During the last four months, the last two of which she has been

under his charge, she has had all the usual symptoms of being again pregnant, with the exception of menstruating regularly between every three or four weeks, and having as yet no signs of quickening. She has, or thinks she has, some enlargement of the abdomen; breasts tumid and containing milk; dark areola about the nipples; morning sickness, dizziness, etc. On a *per vaginam* examination he found the uterus high up, with the os somewhat swollen. He had attempted ballottement, but supposed his obstetrical tact scarcely such as to rely on this means of observation. He desired to know of the gentlemen present whether, from these data, simply as an obstetrico-physiological problem, they would decide this woman to be pregnant.

Dr. WHITE thought it more than probable that the woman was pregnant. Menstruation, he observed, sometimes occurs regularly during pregnancy. It is, however, a very unusual occurrence. A case of this kind was lately admitted to the St. Pancras Royal Dispensary, under the care of Dr. Gibb. Without giving the case, which you will find in the last January number of the *Medical News and Library*, it is remarkable that the catamenia appeared "during a long period of suckling. The patient became pregnant during that time, and the catamenia continued, as if she were in an unimpregnated state, up to within a few weeks of her confinement. Menstruation has been persistent during lactation and the supervention of utero-gestation." You may find an additional case of menstruation during pregnancy in the November number of the *London Lancet*, 1858. Auscultation, he thought, would soon solve the question.

This being the meeting, as required by the constitution, for the election of officers for the ensuing year, the following gentlemen were chosen by ballot: *President*, J. F. White, M.D.; *1st Vice-President*, S. Bonner, M.D.; *2nd Vice President*, S. O. Almy, M.D.; *Recording Secretary*, John A. Thacker, M.D.; *Corresponding Secretary*, Wm. T. Brown, M.D.; *Treasurer*, W. Clendennin, M.D.; *Librarian*, W. H. McReynolds.

Dr. WHITE, on taking his seat as President, thanked the Academy for the honor they had conferred upon him in electing him their President, and in some happy remarks highly complimented his predecessor for the diligent and faithful manner in which he had performed the duties of the office. He hoped the members of

the Academy would take a renewed interest in it, and that every one would individually exert himself for its prosperity and usefulness. He commented upon the custom of some who, when they had prepared papers to read before the Society, would not do so when, on attendance, they found but a small number present.

On motion, the Secretary was instructed to give each member personal notice of the meetings of the Academy, instead of announcing through the daily papers.

On motion, adjourned.

Editorial Translations.

1. *Pruritus of Vulva: Fowler's Solution.*—Among the diverse varieties of pruritus of the vulva, M. Imbert-Gourbeyre describes particularly (*Mémoire sur le Prurit Vulvaire et son Traitement Arsenical*) that form which is caused by the presence of ascarides in the rectum, and the pruritus of pregnant women. We will not follow him in the details which he gives on this subject; in a pathological point of view, they contain nothing new; in the memoir, however, we find an important therapeutical fact, as follows:

Observation 1.—Anne Valleix, aged thirty-nine years, pregnant from five to six months, was attacked from the beginning of her pregnancy with a vulvar pruritus, seated on both lips of the vulva. It had proved rebellious to all remedies. On inspecting the parts, the skin was observed to be slightly red, hardened, thickened and dry; there were no scales. The pruritus was nocturnal, and for the first few days of her stay in the hospital she suffered so much that she was obliged to sit up during every night, running about the ward *en chemise*, scratching the external organs of generation. Four drops of Fowler's solution of arsenic were ordered four times a day. For the first few days there was a marked relief, and on the eighth day the pruritus disappeared entirely. The remedy was omitted, as it had produced a marked irritation in the nose, and a light conjunctivitis in both eyes. Fifteen days later, this woman died of cholera.—*Gazette Hebdomadaire*.

2. *Medical Statistics : Ergot.*—At the meeting of the Imperial Academy of Medicine of February 8th, Dr. Deville read a paper entitled, “Statistical Researches on the Action of Ergot in Parturition,” in which he arrives at the following conclusions :

He establishes that it is almost always possible to determine the cause or causes which have produced the death of the child *in utero* ; such, for instance, as premature labors, vicious presentations, etc., etc. When any one of these causes do not exist, and when we find a healthy looking child born dead and presenting all the signs of asphyxia, we may affirm that the mother has taken ergot, and that the death of the child is the consequence. In analyzing documents which he has collected from 1845 to 1848, inclusive, in the several wards of Paris, he arrives at this result, that of five hundred and fifteen dead-born children, seventy-two, or a little more than a seventh, died from the effects of ergot. He concludes his researches : “That the ergot of rye is always dangerous to the child ; that it is generally given by unskilful persons, frequently not taking into consideration any account of the conditions which is necessary to observe in administering this substance with any chance of success ; finally, that even in following the rules prescribed by science and experience, scientific men are never sure of the life of the child in any case where ergot has been given during labor. It is to be well understood that these conclusions do not, in any way, invalidate the precious advantages afforded by ergot in the management of uterine hemorrhages.” The paper was referred to Dubois, Depaul, and Dangeau.—*Gazette Hebdomadaire.*

3. M. Dumont-pallier presented at one of the late meetings of the *Société de Biologie* a very curious history of a case of pulmonary gangrene, produced by a sanguine concretion in the pulmonary veins and heart. A woman who was delivered in the month of October, 1858, was taken, toward the middle of November, with pains and œdema of the left inferior extremity, with hardness along the femoral vein of the same side. On the 3rd of December, all at once pains came on in the right side of the chest, with extreme dyspnoea and bloody expectoration, resembling that from pulmonary apoplexy. From the fourth day the expectoration took a gangrenous odor, and the patient died the seventh day.

The autopsy revealed in the right lung the existence of a large gangrenous anfractuosity, situated at the level of the superior interlobar fissure and the infero-posterior part of the superior lobe. Besides the fibrinous clots, sometimes free, sometimes, and the most frequently, adherent, some were quite solid, while others were demi-liquid; some white; others having preserved the red elements of the blood, obliterated more or less completely the popliteal saphena and femoral veins of the left side. The clot seated in the femoral vein extended into the primitive iliac and inferior cava. In this last vein the clot, red, fibrinous, five centimetres in length, did not obliterate entirely the vessel, and was sensibly flattened from before to behind, and terminated a little above the mouth of the emulgent veins in the form of a jagged stump, to which were appended, by filliform pedicles, five or six small clots resembling the trunks of earth worms. This concretion extended, by its inferior part, with a very small membranous concretion above the emulgent veins, rejoining a large clot which occupied almost all of the calibre of the vena cava, and received clots from the *sus-hepatic* and passed into the right auricle, then into the ventricle, after having sent a prolongation into the superior vena cava and the brachio-cephalic trunks. We may add, that the clot in the heart continued with a fibrinous and cruoric clot prolonged into the pulmonary artery, and its divisions of the second, third, and fourth order. The gangrenous portion of the lung corresponded to a vascular division, which was obliterated. The suddenness of the thoracic pain and dyspnœa, the anterior existence of a *phlegmasia alba dolens*, the progress of the accidents, the disposition and the physical state of the vascular clots, render this observation extremely remarkable, in that they do not permit the putting in doubt the subordination of the pulmonary gangrene to the obliteration of the pulmonary artery. This is a precious fact for the doctrine of M. Virchow.—*Gazette Hebdomadaire*.

—“For certain it is that on entering middle life he who would keep his brain clear, his step elastic, his muscles free from fleshiness, his nerves from tremor—in a word, retain his youth in spite of the register, should beware of long slumbers. Nothing ages like laziness.”—*What Will He Do With It: Sir E. Bulwer Lytton*.

Correspondence.

Boston, March 7, 1859.

EDITORS LANCET AND OBSERVER.

In the last issue of the *Lancet and Observer* I notice some "editorial translations" upon tracheotomy in croup. From the high authority quoted, it is evident that tubing the glottis meets with but little favor among the *savans* of Paris. So far as I know, the same is true with American physicians. Tracheotomy is more reliable, and will continue in the confidence of those experienced in its results. With many of the physicians of this city, the application of nitras argenti to the fauces, and even of passing the sponge through the glottis, has been for some time a favorite remedy in membranous croup. An increased interest has been manifest, during the year past, in the operation of tracheotomy. I can now recall ten operations during this time, in which there were seven recoveries. This is truly encouraging success, and should have an influence in not abandoning cases when medication is powerless, but rather seek the aid of surgery. The case referred to in my last letter was successful. Very marked and apparent results have been obtained from the use of a forty-grain solution to the ounce of nitras argenti, every four to six hours, injected through the canula into the trachea. Of this quantity, from ten to forty drops may be used at a time. It immediately produces cough, and free expectoration through the tube, thereby breaking up the tough organized membrane, much to the relief of the little patient. If physicians would give more attention to this matter, many, very many children might be saved.

From the Report of the Trustees of the Massachusetts General Hospital for 1858 a few items may be of some interest. During the year, there were admitted to the hospital 1,015 patients—629 males and 386 females, being an increase over the last two years. The number discharged well was 514, much relieved 85, relieved 144, and 127 have died. There were admitted 186 on account of accidents. The proportion of deaths to the whole number of patients was 1 in 7.7-10. Of course, many were brought into the hospital in a dying condition. The number of patients remaining January 1st was 136. The largest number of free patients in the

house at any one time during the year was 120. Most of the free patients were foreigners, 24 per cent. being female domestics, 21 per cent. laborers, 16 per cent. mechanics, etc. 201 applicants were refused admission; since 1st of July, however, no applicant furnishing satisfactory evidence of inability to pay has been refused admission for want of a free bed. The average weekly expense of each patient, including repairs, was \$6.53; excluding repairs, \$5.67½. The out-door patients have largely increased, numbering, for the year, 2,223. Of these, 813 were surgical, and 1,410 medical cases. Of this number, 63 were born in Boston, 132 in the State out of the city, 491 in Ireland, 77 in Great Britain, 48 in the Provinces, etc., etc.

Dr. John E. Tyler, Superintendent of the McLean Asylum, reports, that at the commencement of 1858 there were 178 patients, 89 of each sex, in the institution; that 155 were admitted during the year—76 males and 79 females; making the whole number for the year under his care 333. Discharged during the year 147—males 78, females 69. Of these, 34 males and 38 females were regarded as cured, 17 much improved, 12 improved, 15 not improved, and 9 males and 16 females have died.

Dr. Tyler, in speaking of the commercial crisis and the religious excitement for the last two years as causes of insanity, says:

“A glance at the operation of the two influences noticed will not fail to show that however much they may have overtaken the thinking powers, their disturbing, and consequently detrimental property was primarily and mainly emotional. But it is very evident that the sexes were not equally exposed to both of these causes of mental perturbation. Men certainly received the severity of the financial shock, and bore its heaviest burdens, and gave themselves to the religious movement with perhaps as high an estimate of its importance, and with as much readiness, determination and sincerity, as did the other sex; and therefore it would seem reasonable to expect that they would suffer in greater numbers from any unhappy mental effects resulting therefrom.

“But, as has been stated, facts prove that in so far as these influences have been recognized as producing insanity, females have been found the most numerous sufferers. And this disparity can only be accounted for on the ground that inasmuch as women are more susceptible to *emotion*, and are capable of deeper and

stronger emotion than men, so are they more liable to mental disease from the agency of moral causes.

“But the number of persons mentally overthrown has been in nowise proportionate to the universality and intensity of the action of these disturbing causes. Indeed, it is a matter of surprise that so few have been mentally damaged thereby. Relatively to population, the whole number of persons who have become insane during the past year is no larger, if so large, as in previous years.

“While the agencies referred to have, in some instances, *produced* insanity, they have undoubtedly often *prevented* its occurrence. They have pre-occupied the public mind, and entirely supplanted other influences of a lower, but more dangerous character, which had been rife in this community. The embarrassments and reverses in the financial world have, to a certain extent, compelled to a less luxurious way of living, and thus saved a thousand aches and ailments and infirmities, which, under a different course, would have arisen, and in their turn caused mental disease. The severe discipline of daily business entanglements and perplexities and disappointments, safely endured, and the gentle power of true religion, have given to many a person an increased capability of self-control, the lack of which is the very essence of insanity.”

Sulphuric ether is considered a very valuable agent in the treatment of insanity.

Dr. H. G. Clark, city physician, mentions in his last quarterly report, among other matters, that the number of persons vaccinated at his office during the quarter was 383 ; during the year 1,625. No epidemic has prevailed worthy of note, except a few cases of yellow fever imported from the south. Four cases only were fatal. He speaks of our effective quarantine laws ; also of his efforts to abate any nuisances arising from defective sewerage, etc.

Among the physical exercises for promoting the sanitary condition of our population, the past winter, skating has been the most prominent. Thousands of persons, of all classes, male and female, both old and young, have participated in this healthy recreation, much to their benefit. The ladies appeared to have been the most interested in the matter.

The Annual Commencement of the Massachusetts Medical Col-

lege, for conferring degrees, will take place next Wednesday. Prof. Henry J. Bigelow will address the class.

Dr. Durkee, of this city, has recently been elected an honorary member of the Medical Society of the State of New York.

B.

BALTIMORE, March 18, 1859.

EDITORS OF THE OBSERVER :

Your journal has had epistolary contributions from Boston and Philadelphia, in addition to those from various western localities, but, hitherto, no word from the Monumental City has reached you. This work has been neglected so long, and no one else attempting it, let a tyro cast you a line, which I hope will be long enough to reach you and for the moment bind Baltimore and Cincinnati in community of medical interest.

Baltimoreans think they have a city most eligibly situated, both as to land and to water, for a large commerce, and for important influence. In virtue of our most important railroad, grandly stretching over mountains and rivers, we invite the travel and the traffic of the west ; while our numerous and noble ships search out and bring hither, for others as well as for ourselves, various productions from other lands. Private residences, as magnificent as any that can be found in the United States, adorn many of our streets, and our population increases with extraordinary rapidity.

Nor is Baltimore inferior to her sister cities in well supported charities, and in opportunities for medical culture. The University School of Medicine—now in its fifty-second year—ranks among its teachers some whose names are known and honored of physicians the country over. Need I mention the veteran surgeon Nathan R. Smith, who is still actively engaged in professional duties, his natural force unabated, working, indeed, with an energy and devotion which might shame many a young man ? Nor need I name Professor Roby, who occupies the chair of Anatomy and Physiology, and is one of the very best lecturers, in his department, that can be found in the United States. Professor Frick, too, is not unknown to the fraternity in our land ; he is yet in the meridian of manhood, and is one of the

most fluent talkers upon professional themes I ever heard. He excels as a clinical instructor.

The Baltimore Infirmary, whose patients are nursed by the Sisters of Charity, is under the charge of the Faculty of the University. This hospital has two hundred and fifty beds; the number of patients at present is one hundred and seventy-five. A resident physician is employed at an annual salary of six hundred dollars; and there are ten under-graduates in the house, who are clinical assistants, paying for the valuable opportunities thus afforded them. No history of the cases here treated has ever yet been kept; a neglect greatly to be deplored, as the profession have thereby been prevented from receiving valuable statistics. To remedy this, quite recently, one of the under-graduates has been appointed clinical clerk, at a moderate salary, and is required to keep an accurate history of all the cases.

Dr. Frick is now on duty in the medical wards of the Infirmary. I have been much interested in his treatment of acute rheumatism. His treatment is mainly alkaline—decidedly alkaline—at least so you will judge when I tell you he gives a patient from 3 ij. to 3 ss. of the bi-carbonate of potash in twenty-four hours, and *nothing* else, unless, perchance, Dover's powders at night. The theory of the action of the alkalies is by no means a chemical one—at least they are not regarded as neutralizing lithic acid, or any other acid in the blood; but I have not time now to speak of this matter. Under the alkaline treatment, Dr. Frick told me that the duration of the disease was one-third less than under any other; and, moreover, the patients recover their natural health and vigor much more rapidly than after a course of calomel or colchicum.

In addition to this Infirmary, there are here the Church Home, sustained by the Episcopalians, and the Protestant Infirmary, established and maintained by the Protestant denominations. Yesterday afternoon, the new building, the latter of these institutions, was dedicated with interesting ceremonies. The exterior of the building is comparatively plain, but the interior arrangements and equipments are superior to those of any hospital I have ever visited. Broad halls, lofty ceilings, complete arrangements for ventilation, convenient bath-rooms, a well-selected library, chambers and wards, most handsomely furnished with carpets,

washstands, bureaus, everything requisite for patients, and much not absolutely so, but suggested and furnished by generous hearts, anxious to make the sick and suffering as comfortable and happy as possible, are here found. Need I say that to the ladies Baltimore owes this noble charity? They commenced, carried on and completed this hospital, and let all praise be theirs. Would that their example might be imitated in some other cities I have visited.

(Suffer me, parenthetically, if not pathetically, to ask what manner of establishment, both as to exterior and interior, is the Commercial Hospital of Cincinnati—an architectural ornament, fine high ceilings, well-ventilated and uncrowded wards, etc.?)

Allow me to return a moment to the dedication exercises I have alluded to. The performers upon the occasion were clergymen; and, in the main, the addresses and other exercises were excellent. One of the addresses, however, abounded in such strange rhetoric that I can not resist the temptation to furnish you—though it be extra-professional—with a specimen or two. This reverend gentleman, while ventilating his vocabulary, related an anecdote of a gentleman in New York giving a quarter of a dollar to a “poor, feeble, miserable looking, badly clad specimen of female humanity,” who asked alms of him in the streets of that city. “The ploughshare of sorrow had made its deep furrows all over her cheeks—the torpedo of hunger had paralyzed her brain,” etc. Now who wonders that the gentleman gave her a quarter? But the wonder is how any specimen of male humanity could, if he had the means, help giving to any object whom “ploughshare” and “torpedo,” with other similar rhetorical congruities and proprieties, had so seriously damaged, at least a hundred dollars. The money thus opportunely and kindly given, buys bread for the poor woman’s numerous children, and “takes the edge off of their hunger, or rather takes away the claws of that hunger that was clutching at their infant hearts.” When will the men who can utter such fustian be silenced, not by ecclesiastical decision, but by the sound judgment of the people? That judgment now is not sound. Some few, indeed, were moved to tears, while many were ready to pronounce the man a wonderful orator of unspeakable pathos, judging by this anecdote, tender enough when properly narrated; but which, when uttered as it was, only deserved laughter and contempt.

On last Tuesday evening the third annual commencement of the College of Pharmacy took place in Carroll Hall. Professor Steiner delivered the valedictory. While the institution had but two graduates, yet the number of students was larger than at any time previously, and its prospects are quite encouraging.

But I have already given you a *longer line* than I anticipated. I pray you, even if you have *plenty of rope*, *don't break your neck*.

T. P.

VIENNA, Austria, Feb. 25, 1859.

EDITORS OF THE LANCET AND OBSERVER.

Dear Sirs :—We are in the midst of a severe epidemic of what is here called typhus, or what we call typhoid fever. Thus far eleven hundred cases have been received into the "General Hospital," since the first of December, about which time the epidemic commenced; of this number two hundred and thirty-eight have died and been dissected—so that we have had ample opportunity to study the disease both on the living and dead body. The cases generally assume the abdominal form; but few present the roseolous eruptions mentioned by some authors. They are attended by exactly the same symptoms as our typhoid fever, and it is useless to take up your time with a description of the disease; but, as we have had so many dissections, perhaps it might not be uninteresting to say a few words about the pathological appearances.

Not a single dissection has been made in which the glands of Peyer and the solitary glands were free from disease. If the patient died within the first six or eight days, then the glands were found swollen and hyperæmic, with vascular injection of the mucous membrane, more particularly of the ileum. The bronchial mucous membranes were generally found redder than normal, and also much swollen, with an increased mucous secretion; the spleen and mesenteric glands almost invariably swollen and engorged with blood. Much diagnostic value is attached to the enlargement of the spleen, so much so that I have often known the professor, in doubtful cases, to wait until the fifth or sixth day to see if the spleen became enlarged, before he would make a positive diagnosis. If the patient dies from the fifteenth to the eighteenth day, the glands are in the ulcerative stage, often

emitting a gangrenous odor ; or, perhaps, perforation has taken place, producing fatal peritonitis. Of the cases dissected, twenty-three died from peritonitis, resulting from perforation ; one, on the forty-fourth day of the disease, when the patient was, to all appearance, almost entirely recovered from his sickness. On examination, one of the patches of Peyer's glands, in the ileum, was found unhealed, which had led to the perforation. Hæmorrhage from these ulcerated spots, generally in the course of the third week, is quite common and sometimes causes death. I have seen very beneficial results from the astringent effects of *tinctura ferri chloridi* in such instances.

Much attention is paid here to the chemical analysis of urine and other secretions in disease. There is a professor of pathological chemistry with a laboratory attached to the hospital, who makes the analyses and gives instructions in this department. Albumen is not infrequent in small quantities in the urine of typhus patients ; and one distinguishing property which is never wanting in typhus is the presence of carbonate of ammonia in the freshly evacuated urine, showing that a decomposing process has already commenced.

There is great attention paid here to pathological anatomy, diagnosis, etc. It is often surprising with what accuracy they diagnose complicated cases ; but I am sorry to say it does not appear to me that therapeutics receives that attention which the importance of the subject demands. Often whole hours will be spent in making out a most minute and accurate diagnosis, and the whole treatment of the case will be dismissed with two or three words, or perhaps the professor will come to the conclusion that we possess no remedy against such a disease, and we must content ourselves to look coolly on the contest between the powers of nature and the disease. If the patient dies, we have a post mortem and a pathological lecture over the case from Rokitansky.

Typhus is treated symptomatically. For the fever itself no remedies are prescribed. The same is the case with pneumonia. The antiphlogistic treatment and the antimonial treatment is not at all practiced here. If the patient suffers much from pain and shortness of breathing, opium or Dover's powder is given in small doses. Vesicatories are scarcely ever used, and if applied at all, they are very small. Acute rheumatism is treated almost

entirely with opium and its preparations. Emetics are seldom prescribed ; I have seen but two administered in Vienna. I have also seen but two patients bled, one to the extent of six and the other of eight ounces. I have not seen mercury or any of its preparations prescribed more than four times, except in syphilis, which is treated on the mercurial plan.

The dietetic rules are extremely rigid. The professor prescribes the quantity and quality of the nourishment with as much care as he does the medicines. Acute cases are almost starved during the first few days, until the inflammatory symptoms subside. Stimulants are sparingly used. I have often wished, when I have seen the poor ænemic typhus patients, that I could give them some of their excellent southern German wines, and some of our good nutritious beef tea. The two principal medicines prescribed here are sulphate quinia and the opium preparations.

I do not think operative and practical surgery is as good here as it is in Philadelphia ; they do not appear to operate with much dexterity, nor are their bandages and instruments as well applied as by our surgeons. In fact, they do not appear to me to be distinguished for practical tact and mechanical application. The Germans as a race are certainly preëminent for the originality of their investigations and for their abstract ideas ; but, for the practical application of their knowledge, they are far inferior to the English and Americans.

I hear but little of Homœopathy, in this its native land. There is a small hospital, with sixty beds, in which the attending physician advertised to give a course of homœopathic lectures, but he did not receive pupils enough to justify him, and the project was abandoned. One physician, who came from the United States to attend the homœopathic hospital, was at first very much disappointed, but he is now attending the regular clinics on *rational medicine*, and I think will go home with more correct ideas than when he came here.

Yours, most respectfully,

WM. P. THORNTON.

—The total mortality in Philadelphia during the past year was 10,694, being one in fifty-six of the population.

Reviews and Notices.

NATURE IN DISEASE: Illustrated in various Discourses and Essays, to which are added Miscellaneous Writings, chiefly on Medical Subjects. By JACOB BIGELOW, M.D., Physician and Lecturer on Clinical Medicine in the Massachusetts General Hospital, Professor of Materia Medica in Harvard University, etc., etc. Second edition, enlarged. Boston: Phillips, Sampson & Co. 1859.

The author tells us in the preface to the first edition, that he has "given the title *Nature in Disease* to the present collection of discourses and disquisitions because a number of the principal articles in its contents bear directly on that subject." He has "taken advantage of the same occasion to incorporate in this small volume some other miscellaneous papers, chiefly on medical subjects, written or published at various times during a long and not inactive professional life." There are twenty different discourses in the book: 1. Self-limited diseases; 2. On the treatment of disease; 3. Practical views of medical education; 4. Report on Homœopathy; 5. On the medical profession and quackery; 6. On gout and its treatment; 7. Aphorisms on cholera; 8. On the treatment of injuries occasioned by fire and heated substances; 9. On the burial of the dead, and the cemetery of Mt. Auburn; 10. On the death of Pliny, the elder; 11. Remarks and experiments on pneumothorax; 12. On the pharmacopœia of the United States; 13. On the *mucuna pruriens*, with remarks on the irritability of different textures; 14. On the poisonous effects of the American partridge, or ruffed grouse; 15. On coffee and tea and their medicinal effects; 16. Report on the action of Cochtuate water on lead pipes, and the influence of the same on health; 17. On the poisonous properties of certain American species of *rhus*; 18. On the history and use of tobacco; 19. On the early history of medicine; 20. Address delivered before the American Academy of Arts and Sciences at the opening of their course of lectures, October 27th, 1852.

Dr. Bigelow is a chaste writer, certainly a clever scholar, and a clear reasoner. We do not altogether agree with him in several of his views. We think he is inclined to give too much credit to the *vis medicatrix naturæ*, and not enough to medical art. Even

in self-limited diseases how often do we see the power for good of our art. We have, however, neither time nor space to notice *seriatim* several passages here and there through the several discourses. In the chapters on medical education, quackery, and Homœopathy, we find our author expressing the views of every scholar, gentleman, and learned physician.

We have room for one or two passages from the discourse on "Quackery": "In your demeanor in regard to quacks, you should keep aloof from them, and trouble yourselves little about them. Admit the general facts, that the race always do and must exist in society; that they are wanted by the credulity of a particular class of minds; that the fall of one dishonest pretender, or one visionary sect, is sure to be replaced by the elevation of another,—therefore it little concerns you to know what particular imposition has the ascendancy at any given time. When you are interrogated in regard to a specific subject of this kind, you should make a reasonable, cogent, and dispassionate answer, always avoiding the appearance of warmth, and especially of self-interest; and you may be sure that a majority of the public will be on the side of truth. As far as my observation extends, three-quarters at least of the families in Boston and New England are in the hands of regular practitioners." We can say the same for this city: with all that is said of the numbers of quacks, the mass of the families of this city and neighborhood are in the hands of regular practitioners.

But we must close by saying that we have been much pleased with reading this book.

A TREATISE ON HUMAN PHYSIOLOGY: designed for the Use of Students and Practitioners of Medicine. By JOHN C. DALTON, Jr., M.D., Professor of Physiology and Microscopic Anatomy in the College of Physicians and Surgeons, New York, etc., etc. With two hundred and forty-four illustrations. Philadelphia: Blanchard & Lea. 1859.

In several respects, the book before us is particularly refreshing. First of all, it is an American book, and its worth appeals to our sense of national pride. In the next place, we congratulate the author and the reader on the superior mechanical execution which the publishers have given to this issue. The typography is very beautiful, the illustrations unusually well executed, and bearing

the stamp of Dr. Dalton's original blackboard and chalk figures, and, finally, the paper is the best we have seen in a medical book for many a day; indeed, the mechanical style of this book will atone for a good many sins the publishers may have committed in times heretofore.

These are the features of the book that at once impress us upon our first superficial examination of it: a more complete study serves very much to confirm the pleasant impressions that we thus receive. There is evidently no attempt on the part of our author to appear original in views or matter; but to bring up for the study of the reader the present state of physiological science, with exactness, clearness, and in the most compact and convenient shape. For this purpose, Prof. Dalton arranges his chapters under three general heads, of *Nutrition*, *The Nervous System* and *Reproduction*; perhaps the most natural and convenient order in which we can study the science.

This being the general character of this new book on physiology, there seems little propriety in any extended critique; as we have already remarked, the illustrations are good, and many of them new and particularly appropriate. Thus we notice some of the illustrations of the circulation—especially, too, the illustrations of the nervous system—and some of the illustrations tracing the progress of embryonic development, in *Reproduction*. We repeat, we are greatly pleased with Prof. Dalton's book, and doubt not it will meet the general favor of the American profession.

Price \$4.00 in cloth; leather \$4.25

SELECTIONS FROM MY PORTFOLIO: Comprising Lectures and Essays on Popular and Scientific Subjects. By ADDISON P. DUTCHER, M.D., Pittsburg. 1858.

We desire to express our thanks to the author for a copy of this little book. Our readers will recognize in the name of Dr. A. P. Dutcher, of Enon Valley, Pennsylvania, a frequent contributor to the pages of this journal.

In the present more extended and mature effort at authorship, we have a series of Essays and Lectures which, we are informed in the preface, have been heretofore given to the public in the more transient form of newspaper and journal publication. The favor they have met with from the reader prompts this issue in the

present shape. We have essays on *Means for Mental Improvement*; *Our Republican Institutions*; *The Functions of the Brain*; *The Gastric Juice*; *Bathing*; *Exercise*; *The Passions*; *Alcohol*, etc., etc.; in all, seventeen distinct articles, displaying thought and that earnestness that indicates success. We trust Dr. Dutcher will meet with an appreciating public, and a ready sale of his very readable little book.

REPORTS OF ASYLUMS.—Twentieth Annual Report of Central Ohio Lunatic Asylum, 1858. Fourth Annual Report of the Northern Ohio Lunatic Asylum, 1858. Second Annual Report of the Ohio State Asylum for the Education of Idiotic and Imbecile Youth.

The annual reports of the Asylums at Columbus for the Insane and Imbecile (we are rather ashamed to acknowledge), have been on our table for some time, and ought to have received earlier notice.

The trustees of the Central Lunatic Asylum report, that "the operations of the institution during the past year, under the blessings of kind Providence, have been those of great prosperity and success."

The report of the superintendent, Dr. Hills, is unusually full of valuable, special and general information. From it we learn that the whole number of inmates of the asylum, November 1st, 1857, was 259; whole number received during the year 175; daily average number 253, recovered 101, improved 12, unimproved 47, died 19, total discharged 179, remaining 255. The expense for sustaining the institution for the fiscal year of 1858 was \$33,885 61.

The trustees suggest the propriety of now anticipating the necessity for future enlarged accommodations, and in this connection present some very startling facts in reference to the relative increase of insanity amongst us as a people. Thus it appears that in Massachusetts it was ascertained that in 1854 the proportion of the insane was 1 in every 446 inhabitants. Making the ratio in this State only one-half, or say 1 in every 892 of population, we should have already an insane population of nearly 3,000 in Ohio. The humanitarian and economic considerations which press home to us in view of such statistics are deeply and painfully interesting and important.

The reports of the trustees and superintendent of the Northern Asylum at Newburg also present, in the main, a very satisfactory and encouraging state of prosperity. The whole number in the asylum at the beginning of the year was 148; whole number received during the year 123; average 157, recovered 66, improved 15, unimproved 27, died 7, whole number discharged 116, remaining, October 31st, 1858, 155; ordinary capacity of the house 140. From this last item we infer that the asylum has been excessively full during the whole year. The expense of sustaining the institution for the year 1858 was \$28,875 30.

The asylum for Idiotic and Imbecile Youth is under the superintendency of our friend Dr. R. J. Paterson; and we have felt a warm interest and sympathy in its success from its organization. Thus far we are gratified to learn that the asylum has accomplished all that the most sanguine could expect for the time. There are now about thirty pupils under treatment and tuition in the asylum, all of whom have manifested a marked improvement, "some more, some less."

We are pleased to notice that this public charity has already been the object of a generous bequest, by the will of the late Chas. Chapman, of Avon, Ohio, to the amount of about \$3,000. It is to be hoped that others of greater wealth will also remember so worthy an object.

Applications for admission of pupils, or any other information, should be made to R. J. Paterson, M.D., Superintendent, Columbus, Ohio.

Editor's Table.

The Convention of Teachers at Louisville.—By a resolution adopted at the last meeting of the American Medical Association, it will be remembered, it was recommended that a meeting be held in Louisville on Monday, May 2nd, (being the day immediately preceding the convention of the National Association,) composed of representatives from all the medical schools; the object of this teachers' conference being to consider and propose the best means of elevating the standard of medical education in

this country, as well as for harmonizing those means into a uniform system.

The subject of medical education has been very largely discussed by the medical journals of the country, without, as we think, for the most part, arriving at very practical or wise suggestions: we presume it is quite doubtful if we shall offer anything materially wiser or more practical than our confrères, but as this Teachers' General Convention or Council is somewhat novel, we will to some extent follow the example of neighboring journals who are industriously arranging programmes and platforms of truth and necessity.

The most patent thought that stands on our threshold—almost forbidding any reflection on this theme at all—is, that the deliberations of this Convention will at present avail nothing whatever. We do not say this in any captious spirit of opposition to this meeting, for we hope there will be a general representation, and a full and candid and unreserved discussion of all the matters pertaining to the interests of medical teaching in this Union. We think, however, that the great body of the profession itself has not yet earnestly demanded an advance to higher ground, after such manner as to facilitate the execution of desired reforms; and, secondly, the fierce rivalry which exists amongst the medical schools of this country, for swelling the comparative size of classes, does and will still blind them so far as to obstruct any faithful and harmonious coöperation in such plans and suggestions as may be deemed wise and necessary. Still we shall journey beyond this state of things by-and-by, and all earnest efforts to face the truth will in the end do good.

To begin at the beginning, we all seem to agree in the necessity for greater thoroughness of both preliminary and professional attainments. This is the end we all look forward to—even though we do not, as yet, so fully agree as to the best means for securing it. One of the most prominent suggestions which has received full and frequent consideration is a requirement giving greater time to the lecture period: some desiring to greatly lengthen the time devoted to each lecture season—some proposing that the number of terms be increased so that it be required that not less than three terms, of four months each, be demanded previous to granting the degree of Doctor of Medicine. Professor

Davis, of Chicago, desires to prolong the session of lectures and regular teaching to a term embracing about nine months of the year. We should be glad to see the lecture term extended to five, perhaps six months—but not with any view to increase the amount of lecture service; the present system is simply a process of hot-bed forcing, that naturally tends to superficial attainments. Let us have a longer session, then, but fewer daily lectures. But while we desire to see this or its equivalent reform, we should by no means wish to see any plan of regular instruction that should interrupt the present relations between preceptor and pupil; we hope these will ever remain sacred, cherished and unbroken.

We think, however, that the modifications which we need are of a more radical character than the determination of how many chairs a respectable medical school shall establish, or the number of daily lectures, or the period to which students shall be required to listen to these prelections. The reforms we desire to see have reference to schools first; second, to medical students.

First—We think the general interests of the profession demand that the source of the Doctorate should be vested in a body distinct from the schools. Let there be capable Boards of Medical Examiners, entirely independent of all medical colleges, established for conferring the degree of Doctor of Medicine; none, however, to be eligible to an examination before this Board until they present certificates of proper requirements as to preliminary education, and time, character and extent of professional studies. Second—No student to be admitted to the privileges of the medical school, as a regular course pupil, without an examination, by a Board to be established by each school, as to his preliminary and scientific attainments; it being required that each pupil shall have a thorough English education, and at least respectable classical attainments, together with an elementary knowledge of medical text books. Third—We advocate the establishment of preparatory schools of medicine, which shall occupy a middle ground position between the private office course and the regular lecture seasons; the office of the preliminary school being for a more thorough individual drilling of the medical student than can be afforded during the college course, or is usually within the time or convenience of the private preceptor. So far as the pupil is concerned, we have already anticipated in part what we should

demand of him : before he enters the office of his private preceptor, he should be able to give testimonials of preliminary scholarship, already indicated. There are sufficient reasons why we may have been lax in our requirements in the past, but we believe we are inexcusable if we fail to advance our standard now—it is certainly no time to go backward at any rate ; and we wish to be understood in this matter : in what we say here, or have said, we do not mean to have it inferred that we do not recognize some of our ablest and wisest physicians as amongst those of very limited early advantages ; but, as we said of Dr. Drake, these almost uniformly lament those very hindering circumstances. Again, we think the present term of three years' study *little enough* ; but perhaps we are not ready to extend it. Having established these preliminaries, we would have the student apportion his time fairly between his private preceptor, the preparatory school, and the college, and only being advanced to the privileges and rank of the last on certificate of the independent examinations already provided for. As we disapprove of the student entering upon the responsibilities of practice previous to receiving his degree, we like the suggestion of one of our cotemporaries, of abolishing the custom of regarding a certain period in reputable practice as an equivalent for a course of lectures, thus, to that extent, discouraging the tendency to entering upon practice with limited professional attainments.

This is a topic upon which a very great deal may be said, but perhaps we have sufficiently indicated the features that we should desire to have incorporated in our uniform American system, suggestions that we regard as both “ wise and practicable.”

We have already intimated the reasons why we hardly expect any very harmonious action at present, as the result of this Council ; but, as medical journalists, we shall cordially and heartily exert whatever influence we may possess to endorse and carry out any reasonable plans which this Council may devise, or the National Association recommend.

— We are pleased to announce to our readers and the friends of Prof. L. M. Lawson, that he will shortly put to press a work on diseases of the chest. He has been busily engaged on it for some months past. From Prof. Lawson's ability, we feel sure he will

produce a book every way worthy of his reputation. It is well known that Prof. L. has given a great deal of attention to thoracic affections for several years past, and that his practice and consultations in this class of maladies have been very large.

The Blood Letting Discussion.—Dr. Bennett's doctrines of Inflammation. Dr. Bennett finds it necessary to be bled.

Our readers doubtless are aware of the doctrines of Bennett, of Edinburgh, on the treatment of inflammation, as put forth in his recent work, *Clinical Lectures on Medicine*. In this book he lays down the following propositions: that an inflammation can not be cut short, and therefore bleeding is not only not beneficial, but is absolutely injurious. Bennett has had his followers and partizans, while a number of distinguished men, of world-wide reputation, have entered the field against him with able papers. The joke in the whole matter is, that Dr. Bennett found it necessary to be bled for some inflammation under which he was suffering.

From the *Edinburgh Medical Journal* for February we make the following extract from Prof. Miller's valedictory address to the Edinburgh Medico-Chirurgical Society, Dec. 15, 1858, on closing his term of the presidency of the society:

“But, after all, *inflammation* was the topic of the season—or rather the change which all admit to have occurred in regard to the treatment of inflammatory ailments; *Dr. Cappie, Dr. Bennett, Dr. Christison, and Dr. Alison* entered the field—able exponents of this important matter. The society listened with much interest and attention to their various statements. And, I presume, that I shall not be far wrong in saying, that the general feeling upon the subject settled down somewhat as thus: 1. The practice of bleeding and other spoliative and depressing evacuants has greatly fallen away. 2. That is explicable on two counts—first, because the type of inflammatory and febrile disease has changed from the comparatively sthenic to the comparatively asthenic; and, secondly, because the advanced knowledge in therapeutics and pathology has led to a more skilful treatment, subduing disease and recovering structure and function by gentler means than the mere evacuants. We have added somewhat to

the list of simple antiphlogistics, and those we already had in use in a more dexterous and suitable adaptation. 3. That the antiphlogistic abstraction of blood has not wholly ceased in the skilful practice of medicine and surgery. Even in the former, cases ever and anon emerge—though much less frequently than of yore—in which bleeding is greatly conducive, if not absolutely essential, to speedy and satisfactory cure. *We grieve to think that this fact has recently met a confirmation in the personal experience of the very Coryphaeus of the abolitionists. We grieve that for such a malady he should have needed such a remedy; and yet we are glad to be assured thus certainly of what, from his antecedents, we had confidently predicated, that his system remains wholly of the sthenic type—not only permitting, but demanding the heroic remedy, and bearing its application with perfect impunity. Long be it so!* In surgery, we are satisfied that these antiphlogistic bleedings must yet continue to a very considerable extent; not, indeed, in formal arteriotomies and venesections, but in the no less efficient modes by leech, cup, puncture or incision. This applies more especially to its inflammatory reactions after injury, in which the disease is apt to be intense, while the structure may be important (as in the head, chest, joints, etc.), and the system has not been weakened by previous disease. 4. It is agreed that, in the advanced stage of inflammation when suppuration is in progress, structure breaking down, and healthy function wholly in obedience, then bleeding can be of little or no avail; and if the term inflammation be limited to this condition, then, I presume, there is no difference of opinion anywhere. In such sense inflammation will not bear bleeding. But we prefer to look upon inflammatory disease as a compound and growing process, the culmination and perfection of which is reached in suppuration and disorganization of structure; and it is in the previous stage, and in its very first commencement, that we prefer to bleed when exudation is yet limited, lymphous and absorbable, and when it is in our power by such decided means to arrest exudation, prevent the formation of pus, and save both structure and function. 5. It is not the practice here to bleed, antiphlogistically, during the period of *incubation*, as some of those allege who, in the South, have been skirmishing on this battle-field. The canny Scot is more cautious of his resources. He has learned in all warfare, whether military or

medical, not to throw away his shot. The gallant General of the Scotch Fusiliers, at the battle of Dettingen, entreated his men, whom he saw restively fingering their firelocks, to withhold their fire on the advancing squadrons of French Cuirassiers that came thundering on in heavy charge. 'Dinna fire, dinna fire,' said he, 'till I gie the word o' command'—'and I'll no gie it,' he quietly added, in a lower tone, 'till I see the white o' their een.' Primed, and loaded, and ready, we reserve our fire till the enemy is within certain range, *then* we wait not one moment longer, but pour it in with sure and deadly aim. In most cases the volley needs no repetition: the enemy, broken and confused, retires, and we follow him up, to utter discomfiture, with the other weapons of war."

Medical College of Ohio.—The Commencement Exercises of the thirty-ninth session of this institution were held in the Melodeon, March 1st. The degree of Doctor of Medicine was conferred, by John P. Foote, Esq., on the following named gentlemen :

W. J. Barbour, Ohio,	John Ludlow, Jr., Ohio,
J. W. Brady, "	J. M. Study, Indiana,
R. G. Brandon, "	C. L. Thomas, Ohio,
Samuel Chance, "	Jas. MacReady, "
G. H. Carpenter, "	J. B. McDill, "
I. Chitwood, Indiana,	I. E. McGaughey, "
Jas. Dodd, "	B. F. Miller, "
I. M. Dunlap, "	E. W. Mills, Illinois,
F. F. Dryden, "	J. C. Parr, Ohio,
L. S. Groves, Ohio,	F. Patterson, "
Milton James, "	G. W. Ridgill, Arkansas,
A. T. Johnson, "	H. M. Shaffer, Ohio,
J. P. Johnson, "	J. L. Stephens, "
W. M. Johnson, Illinois,	R. M. Stribling, Virginia,
Geo. E. Jones, Ohio,	W. M. Wilson, Missouri,
L. R. Kay, Kentucky,	N. Wynekoop, Texas.

The valedictory was delivered to the class by Prof. Comegys. The whole number of matriculants was 139, and of the graduates 32.

The past session has been a highly successful one. The prospects of the school are exceedingly promising. No school in the country has afforded, during the entire session, from Oct. 15 to March 15, more ample clinical advantages. The students were taken through the wards every morning, from 8 to 9 o'clock, by

Professors Blackman and Murphy. Clinical lectures were delivered on Wednesday and Saturday. In addition to this, the Dispensary Clinique of the college afforded a very large amount of valuable clinical material. Two clinical lectures were delivered weekly in the college. Very little has been said of the clinical advantages possessed by the school of this city. We do not intend to make any exaggerated statements concerning them, but we feel safe in saying that they are of the highest order. To the alumni and friends of this oldest school in the West, we can give cheering assurances and hopeful anticipations for the future. As the representative of *legitimate medicine*, it is still powerful to overcome the quack schools which immediately surround it, and already beholds their gradual yet certain decay and falling to pieces.

A Correction.—In the leading editorial of our last number, in some strictures on Dr. A. B. Palmer, one of the editors of the *Peninsular and Independent Medical Journal*, it will be recollected that we used the following language: *Dr. P., although he appends the title of A.M. to his name, has no such title from any College or University; and the same, we believe, is true of Dr. Sager.*

Now, it seems that this statement is not true, and we therefore make the correction and the *amende honorable* to Dr. P. He is in a very bad humor, and wrote us a very threatening letter, demanding our authority for the above statement, and threatening us with a suit for libel unless we made the correction. We immediately wrote to him, giving him the authority on which our statement was made. It is probably true that, as we did not use the exact language of our correspondent, more may have been expressed than we intended. Know, then, all ye who are interested, all men, women and children (white, of course), and the rest of mankind, that Dr. Palmer has the *honorary degree of A.M. from the University of Nashville*. In this connection, and wishing to do no man injustice, more particularly to injure the hard-earned reputation of an honorable physician, we will also correct our statement in regard to Dr. Sager: he has an honorary degree of A.M.

We must say, however, that it is a very strange and curious sight to see a man who has the title of A.M., honorary or otherwise, writing against the necessity of high classical qualifications

for medical students. More of this at another time, as we intend to answer the leading editorial of the March number of the *Peninsular and Independent Journal*, entitled, "The Importance of a Knowledge of the Ancient Languages as a Part of a General Education, and as a Prerequisite to a Medical Education," written by Dr. Palmer. We have no need to exclaim, "Oh that mine enemy would write a book."

A word or two more on this matter. We do not know Dr. Palmer, except editorially, and consequently in what we have written we had no personal prejudice. In his answer to our article (January number) he insults us by saying we never wrote it, implying that we either had lent or hired our columns for a stricture on him and his *famous* letter published in the *American Medical Gazette*. We therefore think his charging us with having abused him comes with very bad grace. We regret our error, and have thus done all we can to correct it.

Starling Medical College.—Graduation of Women.—We learn by the newspapers of Columbus that the trustees and faculty of Starling Medical College conferred its honors on a female at its late commencement. This action not only surprises, but grieves us. Has it come to this, that the degree of Doctor of Medicine can be conferred on a woman by a school claiming respectability? Why not at-once confer the degree on sucking babes? Why not give it to any and every one who applies? There was never yet a woman fitted to practice medicine, surgery and obstetrics, no matter how long she may have studied. The duties of the profession are contrary and opposed to her moral, intellectual and physical nature. Ugh! the idea of Mrs. Dr. Jenkins on a door! It is too disgusting. Why, gentlemen Professors of the Starling school, the two quack Eclectic schools of this city have so far improved—or reformed, as they claim,—that they refuse admission to women.

Is it then left for a respectable school to so far insult all gentlemen in the profession—to admit to the temple of Esculapius those who have no right in it? Let us then acknowledge the female mediums, rappers, free lovers, the Berlin Heights set of *lovely women*, the women's right set, female abortionists, *et id omne genus*. Why did not our Columbus friends send the unfor-

fortunate and ill-advised female whom they graduated to the *Female Medical* school of Philadelphia, or to that still greater one (in name only, thank God!) in Boston. Women are only fit for good nurses, and not then until they have been taught to hold their tongues in the sick room, and obey the physician. There are few of this kind to be found. Two-thirds of professional nurses are ignorant, and can be taught nothing. No confidence is to be placed in them, for the reason that they exercise their own opinions in carrying out directions.

And yet we must have them graduated—must have it proclaimed that they are every way qualified to practice the science and the art. The doctrine with the women's-rights-free-lover-set is, that man is totally unfit to practice obstetrics; that it is woman's sole province. We know of some of their obstetrical practice where the death of both mother and child had ensued. Have you never read or heard of Mesdames Boivin and Lachapelles? some will say. Yes; but of none like them in this country of ours. No one of the first schools admit women even to the lectures. We have always found these women who have sucked or stolen a little bit of medicine, like a class of clergymen who ask for free tickets to medical lectures, to be great quacks. We give them no aid or comfort. The great book of wisdom has defined their place, and so far as we are concerned, we are determined they shall keep it.

We sincerely hope that our Columbus friends will not again cast "a blot on the scutcheon" of our great and learned profession, represented in its progress the world over by *men*.

"*Dr. H. C. Woodruff on Ptyalism,*" in the *Cincinnati Eclectic and Edinburg Medical Journal*.—We have received a communication from Dr. J. L. Morrow, of Pittsburg, Indiana, in reference to an article on *ptyalism*, which appeared in the January No. of the periodical above named. Its author (?) proceeds in a very graphic and pathetic manner to detail a horrid case of the effects of calomel upon the person of a "beautiful and accomplished young lady of eighteen," which is represented as having occurred in Pittsburg, Indiana, last October. The substance of Dr. Morrow's *explanation* of that sad occurrence, and the marvelous results of Eclecticism therein, is simply that it *never happened!*—that no such

"doctor" ever lived near or about Pittsburg as Dr. Woodruff; and, finally, that they don't patronize or have dwelling amongst them any Eclectic doctor whatever. Of course, the whole article is fiction, unless we are to presume that the Woodruff and Pittsburg are a doctor and village suburban to "Edinburg," and that can't be, because they are *all* "reformers" over there.

Dr. Morrow, and other friends, who send us extended strictures upon Eclectics and Eclecticism, must excuse us from devoting very considerable space to their consideration. We can't help amusing ourselves a little in that direction, occasionally; but the above exposure of one of their tricks as a "specimen brick," will be sufficient reason for not occupying either our journal or Smith & Nixon's Hall with a regular discussion.

Hospital Appointments.—The medical staff of the *St. John's Hotel for Invalids* recently held their annual meeting. The following gentlemen constitute the Medical Board: *Obstetrician*, Stephen Bonner, M.D.; *Physicians*, John F. White, M.D., J. B. Smith, M.D., and J. A. Murphy, M.D.; *Surgeons*, W. H. Mussey, M.D., Jno. Davis, M.D., and J. P. Judkins, M.D.; *Oculist*, E. Williams, M.D. The Board elected C. L. Thomas, M.D., a graduate of the Medical College of Ohio, Resident Physician for the ensuing year, and Mr. Steinreide, Apothecary.

This is a very excellent and worthy hospital. The building is situated between Plum and Western Row, fronting on Third street. Private rooms are provided for patients on payment of a reasonable charge, and patients of every disease, except such as are contagious, are admitted. The institution is under the care of the Sisters of Charity. Persons coming to this city for surgical or other relief, will find the Hotel for Invalids a good place to tarry during treatment, as they can avail themselves of its advantages and select their own physician or surgeon.

The Commercial Hospital on Twelfth Street.—B. F. Miller, M.D. and James M. Study, M.D., were elected by the Faculty of the Medical College of Ohio as Resident Physicians of this Institution for this year.

Four Children at a Birth.—Dr. Rooker, of Castleton, Indiana, writes us, that a woman was delivered in his neighborhood, recently, of four children at one birth. They lived but a short time.

New York Dispensaries.—We have been kindly furnished by Hon. P. S. Stewart, of the New York State Assembly, with various pamphlets, reports of the Demilt, New York and Northern Dispensaries, of the city of New York. We had intended to occupy some space with the notice of these important city charities, but our time forbids our doing so at present, more than to express the interest we have felt in the perusal of the interesting statistics collected in the reports.

From the same source we have also received the annual report of the Surgeons of the New York Eye Infirmary; the report of the Secretary of State in relation to the statistics of the poor; and the letter of Dr. Elisha Harris on pestilential diseases and the laws which govern their propagation, written in reply to inquiries from the Quarantine Commissioners.

Medical Classes.—We find but meagre notices in our exchanges of the classes in the various medical colleges. We have made a memorandum of the following schools: Jefferson Medical College, 550; University of Pennsylvania, 450; Pennsylvania Medical College, 150; Philadelphia Medical College, 150; University of New York, 350; College of Physicians and Surgeons, New York, 180; New York Medical College, 107; Medical College of Ohio, 140; University of Louisiana, 306; New Orleans School of Medicine, 140; University of Nashville, 442; South Carolina Medical College, 195; Kentucky School of Medicine, 103.

Death of Prof. Thomas D. Mütter, M.D.—We clip from the telegraphic dispatches of a secular paper the announcement of the death of Dr. T. D. Mütter, for many years the distinguished Professor of Surgery in the Jefferson Medical College of Philadelphia. He died at the Mills House in the city of Charleston, during the evening of March 16th, inst. Prof. Mütter had an extended circle of friends and admirers throughout the country, and his death will be universally lamented by the American profession.

— We hope our friends and readers are keeping in mind the meeting of the American Medical Association in May, at Louisville. It is well for the members of all societies to know that they are entitled to one representative for every ten members, and one for a fraction; and, above all, that no society can be represented which has not adopted the Code of Ethics of the Association.

The Game of Chess.—Our friend Dr. Reeve hands us the following item, which, in these days of chess excitement, we suppose will prove of interest to many members of the profession. It is taken from the *New York Saturday Press* :

“Can anybody guess in what journal the first chess column appeared? Would anybody imagine that the earliest serial which gave weekly instalments of chess was the *Lancet*, of London? But so it was. That now celebrated medical hebdomadal was commenced in 1823. In the third number of the first volume (October 19, 1823,) we find a long article on the origin of the game. In the sixth number of the same volume a regular chess department was begun—limited, however, to a selection of problems, and now and then some literary matter. It was continued through the seventh, eighth, ninth, tenth, twelfth, and thirteenth numbers of volume one, and the first, third and thirteenth numbers of volume two. The editor displayed a large acquaintance with chess history and chess writers, and must have been a man of some note in the Caissan circles of the day. In an early issue, he states that Sir Astley Cooper, the famous surgeon, had recommended the study of chess to medical students, and also informs us that he ‘unites to his great profession and general knowledge a very considerable degree of excellence in that scientific game.’ The problems were not on diagrams. We are glad to rescue this bit of literary history from oblivion, for it has been generally supposed that *Bell's Life* was the first paper to devote a portion of its space to chess.”

— In our notice of the Commencement Exercises of the Medical College of Ohio, we omitted to state that the class had the pleasure of listening to an excellent course of lectures on Military Surgery, by the distinguished Surgeon Charles A. Tripler, U. S. A., now and for some time stationed at Newport Barracks. He gave two lectures a week, and we feel sure that we express the opinion of the class and all who heard them, when we say that they were excellent. Our readers know something of Dr. Tripler from his paper on Delirium Tremens, his work on Recruits, and his various papers and reports in the Medical Statistics of the U. S. Army, prepared under the direction of Surgeon-General Lawson.

Medical Evidence.—Medical evidence should be in simple language, when given before a jury. Really eminent men do not indulge in absurd technicalities, which are perfectly unintelligible to the community. The accompanying is a specimen from another class of witnesses. During a case of assault heard before Judge Falconer, the following occurred: Surgeon examined—"I found plaintiff had a severe contusion under the left eye, great extravasation of blood under the eye, and some abrasion of the skin." Judge—"You mean that he had a bad black eye?" Surgeon—"Yes."

— We have had the opportunity, since our last, to see a case of hydrophobia with our friend Dr. John Davis. Of course, it proved fatal. We are promised a report of it for our next number.

— We are under obligations to our friend Wright, one of the editors of the *Nashville Monthly Record*, for his "explanation" in the March number. We are more than "satisfied."

Editorial Abstracts and Selections.

PRACTICAL MEDICINE.

1. *Treatment of Erysipelas of the Limbs by Elevation.*—We have noticed a very useful plan of treatment for erysipelas of the extremities adopted by Mr. Mitchell Henry, at the Middlesex Hospital, which is worthy of a fair trial elsewhere. It consists in elevating the affected leg or arm in a vertical direction, above the horizontal plane of the body. This causes a subsidence of the swelling associated with the disease, and completely removes the pain; the circulation in the veins is accelerated towards the heart, and the hitherto inflamed and red skin assumes a pallid aspect. All these good results we witnessed, on the 3rd of December, in a very severe case of erysipelas attacking the left leg of an elderly man, who suffered most severely from acute pain consequent on the swelling of the limb from the inflammation. In twelve hours both the pain and the swelling had entirely disappeared under this

very simple mode of treatment. The same good effects had also ensued in a case of erysipelas of the elbow in a boy who was pointed out to us. The limbs, especially the inferior, may be supported on pillows, but it is more suitable to elevate them by the hand or the foot, by means of a cord attached to the frame-work of the patient's bed.

2. *Opiate Treatment of Rheumatic Fever.*—The opiate treatment of rheumatic fever, though not new in medical practice, is shown by Mr. R. W. O'Donovan (*Dublin Quarterly Journal of Medical Science*) to have been very successful in seven cases which he records. The opium was the chief remedy employed in all the cases, a little castor oil being sometimes given to obviate constipation, and in some instances soothing liniments were applied on the joints, and quinia was administered internally. Mr. O'Donovan commenced with a full dose of opium—namely, two grains every second or third hour—till the pain was relieved and the patient slept, or at least until he felt easy and composed; and the headache was never observed. The opium treatment shortens the duration of the disease, as was proved by one of the cases in which the disease had lasted for thirteen weeks without mitigation, but in which, under the use of opium, relief was obtained in two days. In another case the opium was commenced on the sixth day of the illness, and convalescence was established in four days afterwards. Another case was convalescent in four days, and a fourth was relieved in seven days. Mr. O'Donovan also found that the excessive sweating, characteristic of the disease, yielded to opium.

3. *Applications in Chronic Eczematous and Impetiginous Eruptions.*—Purified tar united to lard in the proportion of 1 to 3 parts in 30 of the excipient, has long been employed at the St. Louis as the best resolvent in squamous eruptions, and as a valuable desiccative in chronic eczematous and impetiginous eruptions. Glycerine is, however, now preferred as the recipient, and the following is the formula of a valuable ointment easily applied and removable by water: glycerine, 30; purified tar, 2 parts; adding, while hot, 15 parts of starch, and mixing into a homogenous paste. This application will assuage itching which resists all other means, and it acts as an effectual astringent and resolvent without inducing irritation. The oil of cade is another favorite

application of M. Gibert, mixing 1 part with 2 of almond oil, or cod-liver oil. It is a valuable resolvent and desiccative, under the influence of which are cured eczemas that have continued red and exhaling for months in spite of treatment. It is especially useful in obstinate prurigo of the anus and genitals; and in this case M. Gibert employs with it cold sitting baths, and the internal use of arsenic.—*Bulletin de Thérapeutique*.

4. *On Prolonged Constipation*.—Throwing the constipation resulting from organic lesions of the intestines out of consideration, Dr. Teissier establishes the following varieties of constipation, which are founded on the causes they are produced by. Constipation can thus depend: 1. Upon alteration of the mucous secretion, such as diminution of the intestinal exhalation, or modification in the composition of the mucus, etc.; 2. Upon functional disorders of the liver, which does not pour out a sufficient quantity of bile into the intestines; 3. On inertia of the intestinal contractility; 4. On a spasmodic state of the muscular coat of the intestines.

The most frequent cause of constipation is the indolence and inertia of the muscular fibres of the intestine. This variety is frequently combined with those which result from derangement in the digestive secretions, and is observed ordinarily in old people, in persons of sedentary habits, and those who repose too much in bed. After a review of the well known symptoms of constipation, Dr. Teissier considers the treatment of the disease, which he bases upon the etiological distinctions established above. For constipation, in consequence of alteration of the mucous secretion, he recommends emollient injections with honey or oil, and light laxatives. For constipation from derangement of the biliary secretions, drastics, rhubarb, aloes, calomel, extract of oxgall, etc. In habitual constipation dependent upon indolence of the intestine, Dr. Teissier objects to the use of purgatives, and even to warm emollient enemata or laxatives, as they only augment the evil: purgatives excite the intestinal secretion only momentarily, to diminish and even suspend it afterwards, while warm and emollient injections, although bringing temporary relief, tend to weaken the intestinal tunics, and put them in a state of atony. For patients of this kind M. Teissier recommends:

1. To regulate the habit of the intestinal functions by going to stool each day at a fixed hour, and making prolonged efforts to provoke contractions of the large intestines, as recommended by M. Trousseau; 2. Injections of cold water; 3. Nux vomica in very small doses each morning; 4. The tea of saint germain, which Professor Teissier considers one of the most efficacious remedies, having used it for ten years with great success; 5. Coffee with milk; 6. Bran bread; 7. White mustard; 8. Ervalenta. For the treatment of constipation dependant upon nervous erithism of the intestines, a form frequently met with in hysteric, neuro-pathic females, the best remedy is belladonna in fractional doses: one centigramme of the extract every day.—*Gazette Médicale de Lyons: Gazette Hebdomadaire.*

5. The *Gazette Médicale de Lyons* of January 16th publishes several useful formulæ, amongst which we notice the following:

Ointment for Fissures and Ulcerated Chilblains.—Yellow wax, four drachms; melt with an ounce of linseed oil, triturate in a mortar, and add two drachms of tincture of benzoine, and four drachms of glycerine.—*Dr. E. Bron.*

Ointment for Acne.—Washed hog's lard, fourteen drachms; sublimed sulphur and tannin, of each one drachm; laurel water, seventy-five minims; the dose of sulphur and the tannin may be increased to one drachm and a half, and two drachms. The ointment may also be used in sycosis when the crusts have been removed.—*Dr. Rodet.*

Discutient Application to the Indurated Epididymis.—Extract belladonna, f3 iss.; soften in from fifteen to twenty drops of water; and add f3 iss. of tincture iodine. The effect is both sedative and discutient.—*Dr. Diday: London Lancet.*

Eczema of the Hands.—M. Guilot employs the following pommade, at the Necker Hospital, with success: lard, 30 parts; sub. carb. soda, pyroligneous oil of juniper, and tar, each 2 to 4 parts.—*Bulletin de Thérapeutique: Lancet.*

Sedative Application.—Extract belladonna, f3 iss.; liquify with from thirty to forty-five drops of laudanum; triturate in a mortar, and add one drachm of chloroform. Spread this three or four times a day on the regions affected with neuralgia or acute inflammation. It will adhere to the skin longer than ointment.—*Dr. Diday.*

6. *Antidotes to Phosphorus Poisoning.*—Poisoning by lucifer matches has of late become frequent on the Continent. Drs. Antonelli and Borsarelli, as the result of numerous experiments, recommend the following mode of treating this form of poison, viz.: 1. We must especially avoid the use of fatty substances, which increase the energy of the poison, and facilitate its diffusion; 2. Calcined magnesia given in large quantities suspended in water that has been boiled forms the best antidote to, and the most convenient purgative for, the elimination of the poison; 3. When dysuria is present, acetate of potassa is of great use; 4. All mucilaginous drinks which the patient employs should be made with boiled water, so that they may contain as little air as possible.—*Union Med.*, Jan. 25.

7. *Administration of Essence of Turpentine.*—The best means of masking the odor of this substance is found in the addition of essence of mint, in the proportion of 1 part to 15, which renders the turpentine very supportable. The following forms a good mixture: the yolk of 1 egg; essence turpentine, 4 drachms; essence mint, 16 minims; syrup, 8 drachms, and distilled mint water, 24 drachms.—*Union Med. : Med. Times and Gazette.*

SURGICAL.

8. *The late Dr. Marshall Hall's Proposition for a New Operation of Lithotomy.*—To the Editor of the *Lancet*—Sir: In the "foreign department" of your valuable journal I noticed a proposition made by M. Valette, of Lyons, for a new operation for the removal of vesical calculi, which he called the hypogastric operation; and he narrated several cases in which it had been successfully performed by him. Whatever may be the ultimate influence of this proposition of M. Valette on the present practice, I feel that an interest is now attached to the subject from the fact that my friend the late Dr. Marshall Hall held, in the month of June, 1855, as nearly as may be, the same views as those lately advanced by M. Valette. A copy of the lettre cachette, which Dr. Hall told me had been deposited in the Institute of France, has been kindly procured for me by Mrs. M. Hall from M. Flourens, of Paris, and I enclose it to you. I feel sure you will agree

with me, that the document is of sufficient interest to be published in your journal.

I am, sir, your obedient servant,

FREDERICK WILDBORE, F.R.C.S.

Brighton, December, 1858.

SEALED DOCUMENT.

I propose to replace lithotomy and lithotripsy by lithotomy.

1. Before this operation is performed, the patient should be made to drink copiously.

2. A catheter, pierced with one hole only, should be introduced, and so placed as constantly to leave in the bladder such a quantity of urine as seems desirable.

3. A canula, supplied with a sharp point, should be thrust into the bladder above the os pubis and below the peritoneum.

4. The point is then to be withdrawn and the canula left, closed up by a little stop-cock, until a fistula, thoroughly surrounded by lymph, be well established.

5. This fistula should then be properly dilated until the calculus can be extracted.

6. This fistula is afterwards allowed gradually to contract on an india-rubber tube distended with air, of a proper size, which is gradually to diminish in calibre by the air being made to escape.

In the whole course of this operation no texture is divided; no blood flows; and the nervous system experiences no shock. A measure new in surgery is thus employed, viz., dilatation instead of division of textures. This measure, when well conducted, is not dangerous to the patient, and offers no difficulty to the operator. It may also be applied in other circumstances, such as hydropericardium, empyema, and to replace tracheotomy, etc., etc.

(Signed:)

MARSHALL HALL.

Certified a true copy, by the life Secretary for Natural Sciences,
FLOURENS, *Imperial Institute of France*.

9. *Another Agent for the Production of Local Anæsthesia.*—M. Claisse, a French provincial practitioner, states that for some years past he has been enabled to induce local anæsthesia, allowing of the performance of painless extraction of the teeth, opening abscess, and other minor operations. He forms a solution by filling up with sulphuric ether a small bottle which already contains powdered camphor equal to one-third of its capacity. A

small sponge attached to a slip of whalebone is dipped into this solution and rubbed for about a minute upon the gum or the part to be incised. In two minutes the anæsthesia passes off.—*Gazette des Hôpitaux*, 1859, No. 2.

OBSTETRICAL.

10. *Second Impregnation at the Fourth Month of Utero-Gestation.* Mrs. S., aged 22, a stout, healthy looking young woman, commenced labor of her first child on the evening of November 7, the pains continuing at irregular intervals till the 11th, in the afternoon of which day I was called in, and found the pains, though short and ineffectual, occurring at regular intervals of five minutes. Upon inquiry, I ascertained that she had been married two years, and that eighteen months ago she had an abortion at the tenth week, from the effects of which she quickly recovered, regaining her strength in a surprising manner till the commencement of her present conception, since which time she has been in a moderately healthy condition. About four or five months ago she was, according to her own statement, seized with the impression that she was conceiving twins, and had subsequently, at various times, made mention of the same to her relatives. Finding, on examination, a rigid os uteri, I left her, informing the nurse to send for me when the pains became stronger. At 11 o'clock the same evening I was again summoned to my patient, and, to my utter astonishment, found presenting umbilically what I supposed to be a premature foetus, which, by a few further efforts of the uterus, was expelled, with a gush of liq. amnii. This I concealed under the bed-clothes, informing my patient and the bystanders that it was merely the passage of a few clots of blood. I now laid my hand on the abdomen, and found the cavity of the uterus still occupied; and examining *per vaginam*, I discovered the head of a foetus pushing before it a tense bag of liq. amnii. The pains gradually increased in strength and efficacy till 2 A. M., when the natural delivery of a mature, full-grown foetus took place, and shortly after the placenta was expelled. I then directed the all-inquisitive nurse to go down stairs and make the mother a cup of tea, and during her absence I ascertained that the mass first expelled was a foetus of from four to five months, in a high state of

preservation, attached by its cord to a separate placenta, which was intimately blended with that of the mature fœtus ; still there was a distinct line of demarcation between the two.

Now the question of superfœtation is one of the unsettled points in the profession, and for that reason I have thought it advisable to bring forward the facts of the above case, testifying that superfœtation may occur even at the fourth month of utero-gestation. Can it possibly be argued, in contradiction to this view, by the supporters of the theory of non-superfœtation, that this fœtus presenting no abnormal peculiarities, was arrested in its development at the fourth or fifth month, and yet lived the full period of pregnancy ?—*James Pearson Irvine.*

11. *On the Prevention of Laceration of the Perineum*—Dr. Mattei gives (*Vierteljahrschrift, f. p. Heilk.*, 1858,) the following views on the means of preventing laceration of the perineum. It is especially necessary that the head pass the vulva in a favorable direction. This can only happen when it passes with the necessary degree of flexion. While the occiput passes under the pubic arch, the face has not yet quitted the pelvic outlet ; first, when the upper part of the neck comes under the pubic arch, can the extension of the head (or the separation of the chin from the breast) begin. If the distension of the perineum begins too early, the head must pass the vulva with unfavorable diameters—namely, with the great oblique, or great or straight diagonal diameters. Such a passage easily causes laceration. Hence it is the task of the physician to prevent a premature distension of the head. This he effects by placing two fingers between the labia, or in some cases between the pubic arch and occiput, so as to bring the head downward and outward, at the same time laying the other hand on the hinder part of the perineum, upon which the face is lying, and pushes this upward. This manœuvre is to be executed during the pains, which will thus protrude the head forward in the requisite arc. A very simple means of expediting the birth of the head consists in compressing firmly the distended perineum with the whole hand. This resembles the squeezing out the kernel from a cherry. On the passage of the shoulders, care must also be taken lest the two shoulders pass together.—*British and Foreign Medico-Chirurgical Review*, October, 1858.

Obituary Record.

DIED, in this city, February 25th, ult., Dr. JOHN TEEPLE, a member of the Class of the Medical College of Ohio.

Circumstances made us well acquainted with the young gentleman whose death is chronicled above. He was quiet and reserved, but a man of very excellent qualities of head and heart—moral, studious, and very strictly upright. Mr. Teeple was formerly from Bolivar, Ohio, and several years since commenced the study of medicine there in the office of Dr. J. M. Hodge. About six years ago he moved to California, where he engaged in mining, and the practice of his profession incidentally. Last fall he returned to Ohio to visit his friends and attend the regular course of Lectures in the Medical College of Ohio. He has, however, closed up his earthly and professional career suddenly and unexpectedly, being a victim to small pox! We append the action taken by the class.

MEDICAL COLLEGE OF OHIO, February 26th.

At a called meeting of the students of the Medical College of Ohio, Prof. George Mendenhall was called to the Chair, and Mr. J. S. Billings elected Secretary. On motion, Messrs. Miller, Study and Johnson were appointed a committee to draft resolutions, expressing the sentiments of the Class with regard to the death of Mr. JOHN TEEPLE, lately a member of the present Class.

At an adjourned meeting of the Class, the Committee reported the following resolutions, which were adopted:

WHEREAS, The students of the Medical College of Ohio have learned, with profound regret, the decease of their late friend and fellow-student, Mr. JOHN TEEPLE, of California, they deem it but due to his memory to express, in some suitable manner, their appreciation of this loss, and their sympathies with the broken family circle left to mourn his untimely death. Therefore

Resolved, That by his gentlemanly bearing, the high sense of honor which he exhibited in his intercourse with his class-mates, and his studious habits, he has won their universal esteem and respect.

Resolved, That we tender to the family and friends of Mr. JOHN TEEPLE our sincere sympathy and condolence in their sad bereavement, and that the Secretary be instructed to transmit a copy of these resolutions to the family of the deceased.

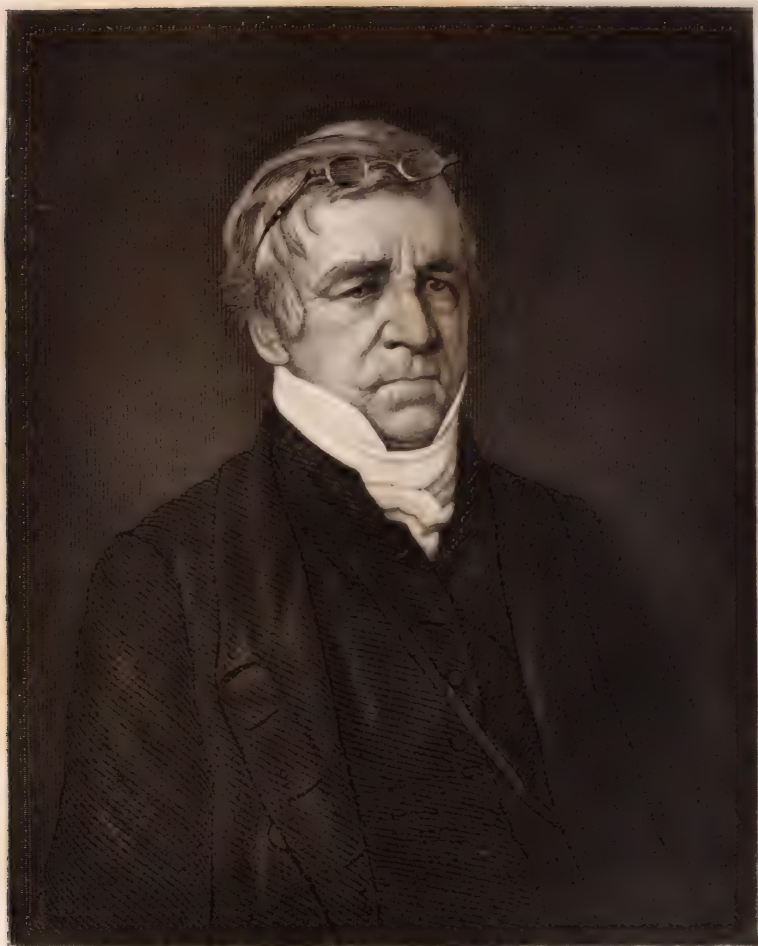
Resolved, That a copy of these resolutions be transmitted to the Editors of the LANCET AND OBSERVER for publication.

JOHN S. BILLINGS, Secretary.

B. F. MILLER, }
JAS. M. STUDY, } Committee.
A. T. JOHNSON, }

It is with extreme regret that we record the death of Dr. P. C. GAILLARD, a few months since elected Professor of the Institutes and Practice of Medicine in the Medical College of the State of South Carolina. He fell a victim to consumption on the 14th of January last, in the prime of life. Dr. G. was a well educated, conscientious and skilful practitioner, and an amiable, courteous and honorable gentleman. We condole with our brethren in Charleston on the loss which they have sustained.

DIED, in Augusta, Georgia, January 6, 1859, of tetanus, GEO. M. NEWTON, Emeritus Professor of Anatomy in the Medical College of Georgia.



N. Chapman

AN OBITUARY NOTICE OF THE HONORABLE AND REVEREND A. MARTIN
OF THE TEMPLE, LL.D. OF ENGLAND

THE
CINCINNATI LANCET AND OBSERVER.

CONDUCTED BY

E. B. STEVENS, M.D., AND JOHN A. MURPHY, M.D.

Vol. II.

MAY, 1859.

No. 5.

Original Communications.

ART. I.—*Diphtheria*. By W. H. McREYNOLDS, M.D. Read before the Cincinnati Academy of Medicine, and published by resolution of the Academy.

In the January number of the *London Lancet*, several communications appeared, from as many medical gentlemen in different parts of England, concerning diphtheria, a disease which was then ravaging that country, the rural districts especially.

These communications were of great interest in themselves, and have since acquired a still greater importance to us by the appearance of the disease in question, or one very similar, in our city.

These articles agreed, in all important particulars, with regard to the manifestations, course, and general fatal tendency of the disorder, but presented various notions of its cause and treatment. All called it an inflammatory affection, of a low type, characterized by a dirty-white, filmy exudation covering more or less the tonsils, fauces, uvula, larynx, pharynx, trachea, and bronchi—swelling of the tonsils, change of voice, difficulty of deglutition, and febrile symptoms, varying greatly in different cases, sometimes being very slight. In all cases there was a tendency, after the establishment of the disease, to great depression of the vital powers.

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As to the cause, one said it was due to a poison of the blood, analogous in type to that of adynamic erysipelas, and traced its origin to emanations from putrid, stagnant pools and sewers. Another referred it to the same *materies morbi* as scarlatina. A third declared it to be a disease *sui generis*, and not a singular manifestation of scarlatina or any other disease. In favor of each of these doctrines there seem to be some good reasons. In some of the cases reported, the inflammation clearly appeared to be erysipelatous, and treatment recognizing the possible identity was successful. Equally as often it was closely connected and seemed allied to scarlet fever; in the same neighborhood and even family at the same time cases of both appearing indiscriminately; and many cases assuming a mixed character—some leaning more to scarlatina, others bearing a less striking resemblance to that disease. As to treatment, each writer recommended his favorite means; all, however, agreed to the necessity of some preparation of chlorine, and general stimulants.

I have thus briefly referred to these articles, because I think they have some bearing upon the cases which I wish to report.

On the 31st of January I was called to see a little girl about eight years of age. Her mother said she had complained for about two days, of feeling unwell; had lost her appetite, was feverish and troubled with a cough, accompanied by a dirty-yellowish, ill-smelling expectoration. Scarlet fever was quite prevalent in the immediate neighborhood, and I inquired after the rash. There had been none, nor did any appear thereafter. Upon examination, I found the skin hot, harsh and dry, pulse rapid, even beyond my power to count, and very feeble; the respiratory murmur greatly obscured by a mucous rhoncus in the bronchial tubes, the bowels regular and passages natural.

Upon looking into the throat, I found what I conceived to be the chief source of trouble. The tonsils, uvula, and fauces were covered with a dirty-white exudation, small patches of which would come away from the violent expiratory efforts of the patient in coughing. It seemed to be of a membranous character, and the surface beneath presented a very red, angry, inflamed appearance, but no solution of continuity of the mucous membrane. Upon the gums and tongue were several circumscribed ulcerated patches. The breath was very foetid; this could be perceived not only while

examining the throat, but also at considerable distance from the patient. There was very little, if any, appreciable swelling of the tonsils—none of the submaxillary glands. The difficulty of deglutition was not very marked, breathing easy, and voice but slightly hoarse.

It struck me that here was a case of diphtheria, as it corresponded, in all essential particulars, to the descriptions given of that disease; and as my sense of the danger of that affection was fully aroused, I felt perplexed as to what course of treatment to adopt. I determined on some preparation of chlorine, and stimulants. Fearing that chlorine water would be too irritating to the œsophagus and stomach, I prescribed chlorate of potash, thinking that the hydrochloric acid, found naturally in the stomach, would set free a sufficiency of chlorine, and that its evolution would be gradual and its absorption perhaps promoted. Thus I wished to avoid its irritant, and get the benefit of its antiseptic properties. In addition to this, the citrate of iron, in wine, was ordered; generous diet, indeed whatever the child would eat. Locally, nitrate of silver, grs. xxx. to f3 j. of water, was applied with the probang. Feb. 1st, I called to see my patient, feeling very anxious and considerably fearful. The skin was moist and of a natural temperature; the pulse at about the healthy standard, perhaps a little more frequent, but full and compressible; the cough comparatively easy, and the appetite good. In the mouth, the ulcers upon the gums and tongue had assumed a more healthy aspect. The exudation upon the tonsils and fauces had not increased in extent, but considerable portions had detached themselves, leaving the surface beneath of a more healthy appearance than upon the day previous. The treatment was continued, and on the 3rd of April the case was discharged, entirely well.

The speedy and favorable termination of what had appeared to me such an aggravated attack, somewhat staggered my confidence in the diagnosis. The whole course occupied only six days, four from the time I saw it. Was it a case of true diphtheria, or did the diphtheria exist only in my imagination, engendered there by what I had so lately read, and with much interest, in the *Lancet*? If a speedy and favorable termination should argue against the probability of the disease being of that character, by the same process of reasoning the opposite conditions would lead to a different conclusion, in the following case :

On the 13th of March I was called to see a child, a boy, eleven months of age. I found him laboring under an inflammatory affection of the air passages. Under simple treatment, the case progressed well, but slowly. On the 26th of March I hoped my patient would be well in a few days, and his condition seemed to warrant such a hope; the respiratory sounds were clearing up, and there seemed then but little to contend against but the enfeebled state in which the attack had left him.

On the 27th, I found some swelling of the submaxillary glands, and ordered external application of the tincture of iodine, diluted one-half. On the 28th, the mother informed me that the child had spent a very uncomfortable, sleepless night—had been feverish and coughed much. He was then in a high state of febrile excitement; a great deal of mucous rhoncus could be heard in the larger bronchi. The appearances in the throat were much the same as described when speaking of the former case. Submaxillary glands and tonsils were more swollen, but not so much so as to impede deglutition. The breath was not foetid, or very little so. With his powers of resistance well-nigh exhausted by the first attack, the little patient did not seem to have a very flattering prospect of recovery; but thinking I could do no better, I adopted the same treatment as in the former case. Upon the next day, his mother reported that he had slept ~~some~~. He had still no difficulty in swallowing, and had taken pretty freely of nourishment; but there was no improvement in the appearances in the throat—indeed, no apparent change.

I should have stated, that, from the 27th, his voice had been very feeble, his cries low and quite hoarse. On the 30th, no improvement was manifest, but, on the contrary, considerable oedema of the lower extremities had come on. The stools were of a natural color and consistence, as they had been throughout. He had slept but little, and coughed much. The treatment was continued. On the 31st, the patient had slept tolerably well, and took the breast with some eagerness. As he was apparently better, I did not think proper to annoy him by examining his throat, this morning, but continued the treatment. On the morning of April 1st, I felt a little encouraged by the apparent improvement in his symptoms; so great did it seem, that his mother was quite cheerful, in the hope of her child's recovery. He had slept well, and

taken his nourishment pretty freely ; his throat was free from the membranous exudation, but still quite red, and secreting a quantity of mucus, which was expectorated with difficulty on account of extreme weakness. This prostration increased during the day and night, causing death about four o'clock on the morning of April 2nd.

The following brief article on *Diphtheria*, from the *London Med. Times and Gazette*, seems appropriate to publish in connection with the paper of Dr. McReynolds.—ED.

Diphtheria.—At a recent meeting of the Medical Society of London, a very interesting paper on diphtheria was read by Dr. W. R. Rogers, who gave a concise history of the nature and pathology of the disease, illustrated by several cases which had fallen under his own notice. The work of Bretonneau was the foundation of our modern views on diphtheria ; and the descriptions of that accurate observer were found to be verified by the cases which had lately occurred in this country. Dr. Rogers thought that diphtheria was a totally distinct disease from scarlatina, with which, indeed, it had but few features in common ; although the fact that the throat was affected in both often led to errors in diagnosis. Dr. Rogers did not believe that the existence of the *oidium albicans* was an essential feature of diphtheria, but was rather to be regarded as an accidental complication. The best treatment of diphtheria consisted in the application of local remedies, such as hydrochloric acid, with an equal quantity of glycerine, and the administration of nutritious food and stimulating beverages—the quantity of beer and wine which patients could bear being often quite astonishing. Dr. Harley, in the course of the discussion which followed the reading of the paper, offered some highly important observations on the nature of the diphtheritic pseudo-membranes, and the mode of their formation. From a careful examination of these structures, he had come to the conclusion that they were not to be regarded as fibrinous membranes, but rather as layers of coagulated mucus mixed with epithelial scales, and gradually concreting and solidifying into tubes and casts. He thought with Dr. Rogers, that the presence of the *oidium albicans* was not essential to the disease, and in many well

marked cases which he had carefully examined with the microscope, he could find no trace of the parasitic fungus; but in one case, where he had not found the fungus at first, he found it some hours afterwards, so that he considered the latter found a nidus in the diphtheritic exudation in certain cases. The very insidious nature of the disease was alluded to by most of the speakers; and from the absence of any well marked symptoms at the commencement, treatment was often neglected until after the period when it could be useful. Diphtheria should be regarded as a blood-disease of a peculiar nature, attended invariably by the production of a pseudo-membrane on some region of the body, and the early treatment consisted in cauterizing the part where it first developed itself, and at the same time supporting the strength of the patient. Tracheotomy, which is the only resource—and that a hazardous one, in the cases where the trachea is lined with a false membrane—was very little discussed at the meeting, from want of time.—*Med. Times and Gazette*, Feb. 5, 1859.

ART. II.—*Chronic Bronchitis: A Case Cured with Alcoholic Extract of Cannabis Indica.* By A. P. DUTCHER, M.D., Enon Valley, Lawrence Co., Pa.

There are few diseases more difficult to cure than chronic bronchitis. This is undoubtedly owing to the fact that we can not, at all times, determine whether the acute or chronic form of the disease is present. This we deem an important prerequisite to its successful management. The acute and chronic form of bronchitis very frequently pass, by insensible gradation, into each other, and are often conjoined. In the locality where I reside, and I presume it is so elsewhere, chronic bronchitis is rarely free from occasional invasions of acute inflammation supervening upon it, in consequence of the exposure of the invalid who is laboring under the former to the cause which brought on the disease primarily. Hence we sometimes have bronchitis complicated with pneumonia, acute and chronic, and unless we make a very careful examination of our case, we will fall into error in its treatment, injure our patient and damage our reputation.

And I might observe just here, that there is no necessity for this. Although it is sometimes very difficult to determine the

actual condition of the pulmonary organs, yet the means of ascertaining their state, in health and disease, is so numerous, that no physician need despair. Auscultation and percussion are the great keys to unlock the door; and if we would study them more carefully, many diseases of the chest would, in a great measure, be disarmed of their terrors, and thousands would be cured who now sink into a premature grave. It is not that medical science is destitute of means of detection, but that the necessary knowledge is not possessed by medical practitioners; for, notwithstanding all that has been said and written on auscultation and percussion, comparatively few practitioners have sufficient knowledge of either of these sciences to detect the various sounds which are produced by a morbid condition of the chest; and some, I am sorry to say, who occupy high positions in the medical profession, have denounced the use of the stethoscope in terms of unmeasured severity. But they only manifest their own ignorance.

I have not space here to point out the various symptoms and physical signs which characterize acute and chronic bronchitis, nor the diagnosis between pneumonia and bronchitis. For this knowledge I must refer the reader to Williams on the Chest; Skoda's great work on Auscultation and Percussion, and Dr. Austin Flint on "Physical Exploration and Diagnosis of Diseases affecting the Respiratory Organs."

It is with the greatest pleasure that I recommend this work, in connection with Skoda's, to every physician who wishes to become a correct auscultator. It is a work based, to a considerable extent, upon cases numerically examined; it carries the evidence of careful study and discrimination upon every page; and, indeed, the least that I can say of it is, that it is a book which reflects great credit upon its learned author, and the profession of this country. It is also a very readable book—which can not be said of very many of the works that have been written on this subject; and, in a word, it should have a place in the library of every young physician. But we were to relate a case of chronic bronchitis, cured by the extract of *cannabis indica*.

Feb. 1, 1858, called to visit Mrs. M., aged sixty. Has been afflicted with more or less cough for five years, attended with spasmodic difficulty of breathing and copious expectoration. Two days ago she had a severe chill, which was followed by fever, pain

in the right side, with an increase of cough and expectoration tinged with blood. Respiration thirty; pulse one hundred per minute; bowels costive and tongue very much coated. On percussion, there is dullness over the region of the base of the right lung, extending up to the third intercostal space; over the left lung there is no perceptible dullness. On auscultation, there is crepitation in the right lung, and mucous rhonci are heard abundantly nearly over all the chest. There is no evidence of tubercular deposits; and from the above symptoms and signs, we infer the existence of pneumonia of the right lung, with an augmentation of the old bronchial difficulty.

TREATMENT.—Ordered a small blister to the chest, and a tablespoonful of the following, to be given every three hours, until the bowels are freely moved:

R Sulph. magnesia, ʒ j.
Tart. emetic, grs. ij.
Aq. font., fʒ iv. M.

2nd.—Pulse ninety; respiration twenty-five, and not so laborious. Skin moist and warm. The bowels have been freely moved. The cough is very severe, and the expectoration very tenacious. Gave the following, in teaspoonful doses, every three hours:

R Carb. potassa, ʒ ij.
Tart. emetic, grs. ij.
Sulph. morphine, grs. ij.
Aq. font., fʒ ij. M.

3rd.—Pulse eighty-five; respiration twenty-two. Tongue has commenced to clean. Bowels relaxed. Cough much easier. Continued treatment.

4th.—Pulse and respiration the same as on the last visit. Has some desire, this morning, for food. No change in medicine.

5th.—Patient much better. Percussion and auscultation reveal no dullness or crepitation. The expectoration is more liquid, and quite green; there has been no blood in it for two days. There is still some soreness and pain in the right side. Ordered croton oil to be applied freely to the chest, and continued potassa, tart. emetic, morphia, etc.

6th.—Pulse sixty-five, and respiration eighteen. The tongue is quite clean, and the bowels regular. Appetite good. There is

still considerable mucous rhonci, and the cough is very troublesome. The expectoration is green, inodorous, and very copious. No change in treatment.

10th.—Patient is up this morning. Symptoms all better but cough and expectoration. These are now about the same as they have been for five years—troublesome and unmanageable. As she had taken nearly every therapeutical agent that is known to have any power to cure bronchitis, and been the rounds of quackdom, I concluded, as a last resort, to try the following :

R Ext. cannabis indica, f3 ss.
Alcohol, f3 iv. M.

A teaspoonful of the above was to be taken three times a day, in a wine-glassful of simple syrup.

From this time she recovered rapidly, and in six weeks her cough disappeared entirely, and, up to the present time, (Feb. 26, 1859,) there has been no return, and her general health is better than it has been for six years; and on auscultation, I can discover nothing unnatural in her breathing, but a slight whistling rhoncus, which is always indicative of flattening or narrowing of tubes, such as is common in chronic bronchitis.

The happy result attained, in this case, by the use of cannabis, I regard as a little remarkable; for it is not often that bronchitis is cured after it has run so long, particularly in a person as old as my patient. From the trials that I have made with this article, in chronic pulmonary affections, I am favorably impressed with its virtues. It may be given, in all cases, to allay cough and produce sleep, as a substitute for opium, especially where this latter is contra-indicated by its effect upon the brain, and by its property of checking mucous secretion.

ART. III.—*Cases in Ophthalmology.* By E. WILLIAMS, M.D., Cincinnati.

CASE 1. *Piece of cap in the eye sixteen years.*—D. G., æt. about forty, had his left eye wounded, sixteen years ago, by the explosion of a percussion cap. He applied to Dr. Hays, of Philadelphia, who recognized a piece of the cap in the iris, near the pupillary margin, but did not think it advisable to attempt its removal.

The antiphlogistic treatment and regimen were most energetically applied; the patient's gums were touched, and the effect kept up for some weeks, at the end of which time his eye was so much better, that he returned to his home in the country with very good vision. For fifteen years the portion of cap, as the patient says, was distinctly visible, sticking in the iris with one edge and corner projecting into the anterior chamber. During all that time he did not suffer the slightest inconvenience from its presence, and he asserts that the sight was as good as that of the other eye. Some twelve months ago, however, the eye became painful and red, and his sight began to grow dim. This passed off in a few days, but the vision was not any more so clear. At intervals of from two to three weeks, he had subsequently several similar attacks, his sight growing dimmer with each aggravation of the disease.

Toward the end of last May, he called upon me for advice. The anterior ciliary vessels were injected in a little crescent, embracing about a third of the cornea, at its outer and inferior part. The anterior chamber was of normal depth, and aqueous humor clear. The iris was discolored, and its texture not so natural and well defined as in the sound organ. The pupil was small and irregularly oval, and its entire margin bound down to the capsule of the lens. A film of false membrane extended over the entire pupil, but it was thinner in the centre, so that the patient could still discern large objects.

Projecting from the iris, near the pupillary margin, into the anterior chamber, was a little reddish prominence, about the size of a black mustard seed. Extending from it, downwards and outwards, towards the periphery of the iris, was a whitish line, looking like a cicatrix. The border of the pupil corresponding to the little elevation was firmly bound down by a well defined white patch of lymph, which appeared to be of much older date than the rest of the synechia posterior. By the aid of a double convex lens, I saw that the reddish color of the little body was caused by numerous fine blood-vessels ramifying over its surface.

I had him leeched and purged, and prescribed a two-grain solution of sulph. atropiæ, to be applied every two hours. The next day he took three grains of blue mass, with half a grain of opium every four hours. His symptoms rapidly improved, but it was impossible to dilate the pupil to any extent.

Since that time he has experienced several similar attacks, which yielded to the same treatment. It would seem quite certain, from the history of this case, that the synechia, all excepting the white spot mentioned above, and the false membrane in the pupil, have formed within the last twelve months—since his eye began to be troublesome. Lymph has also been thrown out over the piece of cap, so that it is now entirely hid from view, as it has been ever since I first saw the case.

If the foreign body were distinctly visible, I would remove it at once, and thus relieve the patient of these frequent relapses of iritis. But as it is imbedded in the lymph, out of sight, I have thus far desisted from any operative interference.

The lens had not been injured by the piece of cap, although it stuck and remained in the iris in contact with the capsule. Hence his sight remained good for so many years, till the iritis came on and led to total synechia posterior and closure of the pupil by lymph.

The length of time (fifteen years) which this piece of cap remained in the eye without giving any offence, is remarkable. But the final result is one of many striking proofs that, as long as a foreign body remains in the eye, (a depressed lens included,) so long there is danger of destructive inflammation from its presence. Hence it is always much better, whenever the offending substance can be detected, to remove it as soon as possible after the injury. There are instances on record, however, where foreign bodies in the eye have become encysted, and remained ever after harmless. I saw a man, some twelve months since, who came to consult me about the propriety of attempting the removal of a piece of cap that had been in his eye for several years. It was distinctly visible, projecting into the pupil from between the margin of the iris and the capsule of the lens, to both of which it was agglutinated. The lens was entirely opaque; but as there was not the slightest irritation of the eye, and the sight of the other one was quite good, I advised him to let the foreign body and the cataract both alone.

CASE 2. *A Chip of Wood remaining harmless in the Eye.*—C. R., aged thirty-four, called to see me on the 18th of May, 1857. In January, 1856, about sixteen months before I saw him, he was injured by a piece of chip that flew into his eye from a green sugar maple upon which he was chopping. The sight of the eye, from that time on, was much impaired, but some four months after-

wards it failed still more decidedly. He stated that he did not suffer much after the injury ; there was only slight intolerance of light, with a little redness.

Actual Condition.—Pupil of ordinary size, and round, excepting at its upper and inner part, where it presented the following appearances : the pupillary margin of the iris, at that point, was divided by a small triangular slit, on each side of which, for about half a line, the edge of the pupil was nearly straight, instead of circular. Just internal to the slit, and projecting into the pupil from between the iris and the lens, was seen a small, flat, yellowish-white body, nearly circular, and about the size of an ordinary pin's head. It was adherent to both the iris and the lens, and united the two surfaces together. The inferior and outer two-thirds of the pupil are free, and contract and dilate naturally, under varying degrees of light. When dilated by atropia, it assumed a semicircular shape, the straight edge corresponding to the adhesion and the foreign body.

The lens was opaque, and of a flocculent milky-white color throughout, but the upper and inner part of its periphery, just behind where the piece of wood adhered, had been absorbed ; and the patient could see, through that chasm, any object placed downwards and outwards, with respect to the eye.

In the cornea, immediately in front of the chip of wood, was seen a linear cicatrix, about a line in length, and running from above downwards and inwards.

The eye was quite free from all signs of redness or irritation, but his sight was almost null, excepting in the very oblique direction mentioned above.

I advised him to keep the pupil dilated, and wait to see if the lens would not at length be entirely absorbed. Since his return to his home in the country, I have not again seen nor received any news from the case.

Croton Oil as an Epispastic.—Dr. VON BASTELAER recommends the following pomade, as a very useful substitute for cantharides, in cases where the influence of the latter, on the urinary organs, is feared : Take of fresh lard, 22 parts ; white wax, 2 parts ; croton oil, 6 parts, by weight. Melt the wax and lard by a gentle heat, and rub up in a heated mortar, until the mass becomes cool, and then mix in the oil intimately.

ART. IV.—*Case of Poisoning by Strychnine Whiskey.* By JAMES J. ROOKER, M.D., Castleton, Marion county, Indiana.

On the evening of November 13th, 1858, I was called in haste to see John M——, aged thirty-five, of temperate habits and previous good health. When I arrived at the bedside of my patient, I found him in a dreadful condition: spasmodic contraction of every muscle; at times, almost complete opisthotonos; paroxysms of the most violent character coming on every few minutes; pulse 100 per minute; skin hot and dry; pupils contracted; tongue clean; bowels free. My first impression, on seeing him, was, that I had a case of tetanus; but, after getting the following history, I was convinced that it was not. His friends informed me that during the latter part of the afternoon John M. was persuaded *by a friend* to drink a large quantity of poor whiskey; or, as Prof. Graham, of Cincinnati, more properly calls it, *rifle* whiskey; that in a short time he was seized with vomiting and pain in the stomach, which he described as colic. Not long after this, he was attacked with twitching of the muscles of the extremities and rigidity of the lower jaw. These symptoms continued to grow worse up to the time I saw him.

I immediately gave him an emetic of sulphate of zinc, which in due time produced free vomiting and brought up some of the *rifle*, which I could detect by the smell. Having seen in a recent number of a medical journal a report of "poisoning by strychnine successfully treated by repeated doses of camphor," I resolved to try it, in conjunction with assafoetida, in the following combination:

R Pulv. camphor, grs. v.
Pulv. assafoetida, grs. vj. M.

This to be taken every half hour. This treatment was commenced at one o'clock A. M., and at three o'clock the intervals between the paroxysms became longer, and the general condition of the patient was considerably improved. I took my leave, giving orders that the medicine should be given every hour.

At two o'clock P. M., when I saw him again, he was in a good sleep. The nurse informed me that the paroxysms had gradually lost their violence; that now they came on every hour, and only lasted a few moments. Patient has been able to take some toast

and tea. Pulse 80 per minute, full and soft; skin moist; bowels moved once since my departure. In all, feels very much improved; complains, however, of some soreness and considerable tenderness over the hypogastric region. I ordered the camphor and assafoetida to be continued, and in addition gave him mucilaginous drinks. In a few days after this he was able to go about his work again.

I am sorry that I had not the opportunity to analyze some of this whiskey; but knowing, as we do, that the most of this poor whiskey is largely adulterated with nux vomica, and to judge from the symptoms present in this case, we must admit that it was a case of poisoning from strychnine. As to the treatment, it worked admirably, and no doubt saved the life of the patient. I am not aware that assafoetida has ever been given before in cases of poisoning from strychnine.

WE find the subjoined case of supposed poisoning from liquor drugged with strychnine, in the April number of the *American Journal of Medical Science*, which, in some respects, appears to resemble the case of Dr. Rooker. We therefore give the two together.—Ed.

Case of Supposed Poisoning by Strychnia.—By W. S. King, M.D., Surgeon U. S. A.—On the first of January, at five P. M., I was called to see Thomas D——, aged twenty-one years, of good family, and of active and energetic habits. I learned from his mother that he had left his home, perfectly well, about two P. M., and at four P. M. was found in a state of insensibility, in the erect position, holding on, * with the grip of a dead man, to a post in front of a Mexican house of a low character near the Military Plaza in San Antonio, Texas. He was carried into a house near by, a carriage was sent for, and he was brought home. I found him in bed, insensible; extremities rather cold; eyes half open, pupils dilated; breathing natural, without stertor, as if in a deep sleep; and jaws immovably fixed, as in tetanus. The patient could not be aroused, although pinched severely; and on the extremities being pricked with pins, manifested no sensibility whatever.

* "COMO MUERTE" was the language used by the Mexican woman who found him.

Presuming, from the symptoms and from inquiries, that he had been drugged by strychnia in a drinking store, an attempt was made to administer an emetic ; but, owing to the obstinate closure of the jaws, which could not be overcome by any force used, and being requested by his mother to desist for fear of breaking his teeth, it was abandoned. An emetic was poured between the lips and teeth, but no deglutition was effected. Ordered the feet and legs to be put in a hot mustard bath ; afterwards sinapisms to ankles and epigastrium, and stimulating frictions, with ol. tigllii, along the spine and nervous centres. A stimulating enema was also directed. In addition to the symptoms already mentioned, there was also a constant twitching of the upper eyelids and jerking of the right arm. At eleven P. M. these last symptoms subsided ; in other respects he was the same, except that he was more restless ; had got up and walked firmly across the room, and sat down on a trunk. On being placed again on his bed, he tossed his limbs about, and persistently covered his head whenever a wet cloth was applied, or it was touched by the hand. A few drops of diluted croton oil were dropped on his teeth, but none swallowed ; jaws closed as firmly as ever ; the pupils more dilated than when first seen. This was his condition when left at twelve o'clock at night. Called on the morning of the 2nd, at ten A. M. The eyes were now closed ; jaws less rigid, but could not be opened ; appeared to be in a deep sleep, and still unconscious ; pulse and heat of skin natural. When the extremities were pinched, he withdrew them. Presuming that the danger was past, and all attempts to administer medicine by the mouth having again failed, he was left for the present. Returned at four and a half P. M., and found him better, and conscious. His father, who is a physician, informed me that half an hour previous—exactly twenty-four hours from the seizure—he had awoke, and had swallowed two tablespoonfuls of soup. He was out the following day, and stated that he had no recollection of any event of the 1st of January, subsequent to his riding out a little before four P. M., until he awoke, twenty-four hours after. He has never had a fit or sickness of any kind in his life before.

Dr. Kuppell, a very intelligent physician of San Antonio, who was called in by the family before sending for me, agreed with me in the opinion that the young man had drank liquor drugged by

strychnia, though not in sufficient quantity to destroy life. I am unable to explain the symptoms satisfactorily on any other supposition.

FORT DUNCAN, Eagle Pass, Texas, February 9, 1859.

ART. V.—*Case of Protracted Labor.* By T. W. McARTHUR, M.D.
Wilmington, Ohio,

EDITORS OF LANCET AND OBSERVER.—In the "*Cincinnati Medical Observer*" of October, 1856, I gave for publication a condensed history of a case of difficult labor, occasioned, as was supposed, by an unusual form of pelvic deformity; to which the reader can refer.

The following date is the two hundred and twenty-sixth day, according to the best calculation, of this woman's fourth pregnancy—the time agreed on, in consultation with Prof. Mendenhall and other experienced and skilful obstetricians, as the period most eligible for the induction of premature labor.

I made a careful stethoscopic, and other examination, with the view of learning the presentation and position, before proceeding to induce premature labor. I found the head presenting in the first position—the beat of the foetal heart being heard most distinctly in *front*, and to the *left*.

I had prepared, for the occasion, several fine sponges, well washed and cut in a conical shape, saturated with a mucilage of acacia, firmly wrapped with twine, and dried thoroughly.

Aug. 29, 11 o'clock P. M., I introduced a sponge, prepared as described, on the point of Professor Simpson's inter-uterine sound, as well within the os as convenient, directing the woman to remain quiet. The operation caused some pain.

30th, 11 A. M.—Removed sponge, which was well expanded, and directed at intervals, by means of an appropriate syringe, an alternate stream of *warm* and *cold* water against the os uteri, which increased the pains previously induced by the presence of the sponge. . . . 6 P. M. introduced a second sponge, enjoining quiet. Pains during night increased, and regular.

31st, 8 A. M.—Removed sponge, os admitting point of finger,

and rigid. Continued douche, as before, during the day. . . . 10 P. M., pains less, os thinning and less rigid.

Sept. 1st, 9 A. M.—But little change. Continue douche. . . . 8 P. M., pains increased; mouth soft and more inclined to dilate. Passed the blades of the ordinary abortion forceps beyond the internal ring, gradually dilating the neck as the instrument passed by, alternately opening and closing the handles. By means of the inter-uterine sound, I carefully separated the membranes from the lower segment of the uterus. . . . 10 P. M., passed a sponge freely within the neck, directing on it a little warm water.

3rd, 4 A. M.—Removed sponge, which was well expanded. Pains increased, and more frequent. Os dilated to size of half dollar, and rigid; *membranes intact*.

From this time until the 4th, 9 o'clock A. M., at which time the child was born, the pains and sufferings of this woman were from *violent* to MOST VIOLENT. More than once I had well-nigh abandoned the hope that the head would pass the bony strait. The occasional advances of the head, as after, lit up within me a spark of hope, which I failed not to share with the desponding woman.

As the head advanced, the occiput came under the symphysis, and in the *restitution* turned to the *left* thigh of the mother. Face and scalp of child "was black and blue." Fearing the cord was doing mischief, I passed my finger, and found several turns firmly imbedded in the fat of the child's neck. Delivered child immediately, and cut the cord—breathed several times. Every effort to restore the child was fruitless. The body and limbs were of a healthy color, while the head and face were as dark as my coat sleeve. The woman was left in the care of Dr. Jones, of London, to whose skill and kind assistance I am greatly indebted. Her getting up was much better than usual.

CASE 2: *Ovarian Tumor*. S. M. This girl was sixteen years old the day the abdomen was opened. She menstruated first at the commencement of her thirteenth year, soon after which the left ovary showed signs of disease, which continued to enlarge until April, 1857, at which time I first saw this girl. I saw her in consequence of a violent attack of inflammation in the tumor, which extended to the whole peritoneum. Her appearance, at that time, was that of the eighth month of pregnancy.

May, 1858.—This girl and her parents were anxious I should

perform an operation, for the removal of the tumor ; but her health being tolerably good, I refused to do so.

December 4th, 1858.—I was sent for to visit this patient, with the request that I should remove the tumor. Her sufferings were great, and general health giving way rapidly. Accordingly, on the 1st day of January, 1859, the patient under the influence of chloroform, in the presence of a number of medical gentlemen, I made an incision four inches in length—afterwards extended to six—commencing a little above the umbilicus. The peritoneum I found intimately adherent to the sac, the upper half of the incision. With a large-sized trocar I punctured the presenting sac, and, through the same opening, tapped two other sacs. I passed my hand over the *front* and *inferior* portions of the abdomen, separating with the fingers readily the adhesions between the peritoneum and tumor, which were general. The *lateral* and *superior* surfaces of the tumor were firmly fastened to the peritoneum, and *over such an extent of surface*, that all present decided not to proceed with the view of extracting the tumor. The wound was closed with interrupted stitches and adhesive straps. A compress and bandage completed the dressings. Patient was removed to bed and given grs. ij. of opium every two hours. Sickness and vomiting annoyed the patient for three days. The bowels and bladder were emptied voluntarily. I have heard within a day from this girl, and learn she is improving. I have also heard the girl has been visited by a medical gentleman of this State, who has had considerable experience as an operator in such cases, and proposes to operate as soon as the condition of the patient will admit of it. I will have an eye to the result of *this case*, and report the same to you.

Perchloride of Iron on In-Growing Nails.—After fomentation, Dr. Alcantara interposes beneath the nail a small piece of lint upon which some ointment of perchloride of iron has been spread ; all the surface of the excrescence deprived of its epidermis is covered over with this, and the dressing is renewed every day. At the end of four days the excrescence becomes dry and mumified, and is easily detached ; the wound then assumes a regular aspect, and the case is completed at the end of a week.—*Union Med.*

Proceedings of Societies.

Proceedings of the Wayne County, Indiana, Medical Association.
Held, April 7th, 1859. Reported by A. B. BUTLER, Secretary.

Association was called to order by the *President*, at 11 o'clock A. M. Present: Drs. Brandon, Butler, Harrington, Hibberd, and Thomas; Drs. Haughton, Personett, Duncan, Purviance, and Tennis came in afterwards.

Minutes of last meeting read and approved.

This being the annual meeting, the retiring recording secretary and treasurer handed in their reports. Dr. Harrington's report, upon the state of the treasury, was brief, but showed a healthy condition of the finances. The secretary, Dr. Hibberd, made a full report, which was read and accepted.

On motion of Dr. HIBBERD, the President appointed Drs. Personett and Brandon to audit the accounts of the secretary and treasurer. (The committee, soon after, reported all correct.)

On motion of Dr. THOMAS, the suggestion made in the secretary's report, that new members be charged an annual tax, *pro rata*, for the time they have been members, was adopted as the rule of the Association on that point.

Election of officers being next in order, resulted as follows, viz.: *President*, Dr. Haughton; *Vice-President*, Dr. Brandon; *Recording Secretary*, Dr. Butler; *Corresponding Secretary*, Dr. Hibberd; *Treasurer*, Dr. Harrington; *Censors*, Drs. West, Personett, and Purviance.

On motion of Dr. THOMAS, the Association took a recess until 1½ o'clock P. M.

AFTERNOON.—The vacancy in the committee on epidemics, caused by the removal of Dr. Wilson, was filled by the appointment of Dr. BRANDON.

This Association being entitled to two representatives in the National Association, Drs. PERSONETT and DUNCAN were appointed to attend the ensuing one, to be held at Louisville. Drs. WEST and HAUGHTON alternate.

Drs. BUTLER, HAUGHTON, and WEST were appointed delegates to the State Association, to be held at Indianapolis in May.

Dr. HIBBERD, committee on statistics, read a report, which was received and adopted. This report contained a synopsis from the business cases reported by each member at the January meeting, requiring a considerable amount of labor in its compilation, and was as full and interesting as the imperfect materials out of which it was formed would permit. From it we glean the following items, viz.: nine members reported a general abstract of their cases, amounting, in the aggregate, to 2584, with a mortality of 40 cases; being one death in about $64\frac{1}{2}$ cases, or a fraction over $1\frac{1}{2}$ per cent. 2317 cases have been tabled under 170 named diseases, and 267 cases are classed as miscellaneous, or without a name.

The following diseases were prevalent, and presented a rate of mortality, as given in the report, viz.: intermittent fever, 322; diarrhœa, 144; remittent fever, 124 cases, none of which were reported fatal; 20 cases of typhoid fever, and two deaths; 47 cases of scarlatina, and three deaths.

In the returns, there are twenty-four cases of abortion; one at four months, followed by profuse hæmorrhage, which was finally arrested by injecting into the uterus a saturated solution of alum. Another abortion, at the second month, was caused by uterine polypus; and another, at the tenth week, was followed by the expulsion of a second placenta, four days afterwards.

Thirty-eight cases of bronchitis are reported, of which seven occurred in July, and the others were pretty regularly distributed throughout the year, being less than an average of three per month. The greatest number of catarrhs also occurred in July.

Cholera infantum, sixty cases, and five deaths, or a little over eight per cent. of fatality.

Three cases of puerperal convulsions, and no death.

Croup, nineteen cases, and one death.

Dysentery, seventy-two cases, and four deaths.

There were nine deaths in thirty-six cases of phthisis, being just twenty-five per cent.; which argues good management, or mild cases; or, what is still more probable, the same cases have been reported by more than one physician. A case of phthisis under treatment nine months—which is about the average duration of treatment—will often pass through the hands of three or four physicians; and if each one should report it, there would be

at least three reports of the same case, only *one* of which would give the fatal termination; thus the number reported would be larger than really existed, with a less rate of mortality,

Of pneumonia, there were thirty-seven cases, and one death.

Tonsillitis, fifty cases, and one death.

Among the "poisoned" cases returned, is one from milk-sick, contracted by turning a hide in a tan-yard, inducing erysipelas. This the committee thinks a *strained* inference.

DRS. BLAIR and PERSONETT alone detail the treatment pursued. Some of their cases are interesting, but want of space will prevent us from giving them.

Surgical Report.—Only one member, says the report, made a separate statement of his surgical cases, which, taken in connexion with those recorded in the general abstracts of the other members, furnish the following cases, viz.:

Amputations: two of thigh—both secondary, and one fatal; one of finger.

Dislocations: shoulder one; ulna one; tarsus one.

Fractures: both maleolii one; fibula one; radius one; radius and ulna two; rib one; fibula and tibia one; skull one—pieces removed.

Ligation of arteries: femoral one; axillary one; supra-orbital one; paracentesis abdominis one.

Recto-vaginal fistula, fourteen years' standing: operated on with but partial success.

Umbilical anus: cured by operation one.

Excision of tonsils, four: other minor operations, not possessing any general interest, are omitted.

Four cases of cancer were reported, viz.: one of breast; one of uterus; one of testicle, and one of pancreas, three of which were fatal.

Obstetrical Report.—The abstract of cases embraces 186 labors, and 187 children, there being only one case of twins. The date of birth is given in 151 cases, of which there occurred in January, 7; in February, 10; March, 14; April, 18; May, 15; June, 11; July, 13; August, 14; September, 19; October, 18; November, 15; and in December, 17—151. Sex is given in 154 cases, viz.: 82 males; 72 females. Weight is given in 19 cases, the average a fraction over $8\frac{1}{2}$ lbs.

The time of the delivery of the placenta was given in twenty-three cases, averaging about seven minutes. Convulsions (eclampsia) occurred, in one case, three days before delivery; and in another, twelve hours after; and in a third, time not given. All recovered.

Dr. WEST reported one case of a mature, well developed child, born two hundred and sixty days subsequent to the last catamenial period; and another, three hundred and thirteen days subsequent to the same period; and stated, the fontanelles were ossified, and the child gave other evidences of over-maturity, in the size and weight of its body.

The committee criticised absence of uniformity of nomenclature by which the abstracts were characterized; referred to one case, reported as "hydrotic" fever, and confessed he did not understand the term, as used in that connexion. Nine cases of "continued" fever were reported, which should have been ranged under their appropriate and specific names. In a large number of cases, the generic name of the disease was given instead of its specific one; no distinctions were made, in many cases, between chronic and acute phlegmasia; and a general want of exactitude was observed, that militated against the usefulness of the reports.

At the close of the report was appended the following statistics on the mortality of the city of Richmond, containing a population of eight or ten thousand, for the year 1858, as gleaned from the undertakers' books, viz.: The deaths were, in January 6, February 7, March 6, April 13, May 5, June 11, July 11, August 13, September 11, October 16, November 10, December 10, total, 119; being equal to one death for every sixty-seven persons, supposing the population to be about eight thousand.

When the reading of the Essay was called for, the essayist was absent, and the alternate was unprepared. Dr. DUNCAN was then appointed essayist for the next meeting, and Dr. PURVIANCE alternate.

The address of the retiring President, Dr. BUTLER, being called for, one was delivered; and, on motion of Dr. HARRINGTON, it was received, ordered to be incorporated in the minutes, and published in the *Lancet and Observer*.

On motion of Dr. DUNCAN, adjourned.

VALEDICTORY ADDRESS, BY DR. BUTLER.

To Wayne Co. Med. Association, April 7th, 1859.

Our constitution, in obedience to custom, makes it obligatory upon the retiring President, at the close of his term of office, to deliver a valedictory address. I obey the injunction because constitutional edicts must be obeyed. Had that instrument been silent upon the subject, I should have considered the *custom* "more honored in the breach, than in its observance."

It will not, perhaps, be considered egotistical for me to express the hope, that our intercourse has been mutually agreeable; it certainly has been so on my part. Where every member is actuated with a desire to promote the objects for the advancement of which we are associated together, it relieves the presiding officer of many onerous duties that would otherwise devolve upon him; and to the very general prevalence of this feeling, in our membership, may be attributed the good feeling and harmony that have prevailed upon every question, with perhaps one exception, that has come before us; hence the inference is natural, that it is to your zeal, in the good cause of science, we are indebted for our pleasant intercourse, rather than any merit of my own; and for this devotion to science, I return you my most sincere thanks, hoping that none of the evil passions—such as an inordinate ambition, jealousy, envy, malice, or love of strife, that have so often sprung up to mar the beauty of God's heritage—may ever come in, to steal away our affections from the noble cause in which we are engaged.

In adverting to a few topics that I think came within the legitimate scope of action of this Association, you will please consider them only as crude suggestions, thrown out merely to provoke investigation, according to the interest you may take in the particular subject referred to.

Prominent among the topics of interest, in our profession, is pathology, which now, perhaps more than ever before, forms the basis of medical investigation and enlightened practice. Through the agency of chemical analysis and microscopical investigation, great advances have been, and will doubtless continue to be, made in this department of medicine.

But, so far, most of the conclusions arrived at have been ob-

tained by examinations of specimens of disease furnished by the hospitals of our large cities, the inmates of which are in many, perhaps a majority of cases, the subjects of syphilitic, scrofulous, or other taint, by which their pathology is modified in such a way as to make it less reliable as a guide to practice in healthy locations, such as abound in this region. Is it not, then, obligatory upon each member to constitute himself a committee of one, for the obtaining post-mortem examinations in all cases of doubtful or unusual lesions? taking care to have the morbid specimen subjected to the test of the microscope and alembic, if necessary, in order to reveal its secrets.

A great deal may be done, in the course of a few years, to build up a pathological cabinet of our own that should be useful to *us*, if a report of it should fail to interest any one else. New York has her pathological society; Philadelphia her museum, lately so richly endowed by the lamented Prof. Mütter: why may not Richmond, the "Quaker City" of the west, have her collection, that shall be as thorough, in proportion to its extent, as any that have been mentioned?

2. The next subject to which I desire to call your attention very briefly, is one of a very delicate character; indeed, so nice a matter is it, I scarcely know how to discuss it without laying myself liable to the charge of being sordid and selfish. But as my conscience will not permit me to remain silent, I come directly to the question, by asking if it is not possible for this, and other associations in the country, to do something to improve the financial standing of their members.

It is within the observation of every one, that medical men are almost invariably bad financiers; and "as the world goes," and a man's standing in society is to be measured by the depth of his pocket, if our members are to be left to their individual efforts, in the affair of dollars and cents, I am thinking we shall have but a sorry time, and a hard row to hoe.

If it were allowable to illustrate the defects of the profession in this matter, by reference to some that have departed, my own brief experience affords three examples of worthy men, who had spent the best years of a moderately long life in the drudgery of laborious practice; and then, shuffling off the mortal, have left large families without the means of support. In the case of one

of those referred to, there was not the scratch of a pen to prove the indebtedness of any one of his numerous patrons, after a practice among them of over twenty years. This, it is admitted, is rather an extreme case; but not without others to equal it. There is in the mind of every physician, engaged in practice, a natural distaste for pecuniary affairs; notwithstanding, it must be admitted, on the other hand, that very few of us would practice medicine for the love of it alone. The true state of the case seems to be, that most of us have families depending upon us for support; and the good book says, that "he that will not provide for his own household, is worse than an infidel;" and as we do not wish to be considered "worse than infidels," and those that are not blessed with families still require something for the sustenance of their own bodies, the stern necessity arises for the best of us to seem worldly-minded in regard to the acquisition of Mammon. In chemical phraseology, *physic* and *finance* are wholly incompatible, while *medicine* and *money* agree well together.

It has been regarded as unfortunate for the interest of the sick, for the physician to become wealthy; and in a majority of the rare instances of such occurrences, it might have really been the case, because the acquisition of wealth was generally accompanied by advanced age, and consequent debility, from the *prolonged* effort necessary to its attainment; and then at last, when it did come, he would be "old, rich and lazy, and," of course, "he would hardly go when he was sent for."

But I opine, if it was more easily obtained, so that some of us, "in the younger walks of life," could employ it in the purchase of books, instruments and apparatus, so essential to the scientific practitioner, before advancing age should incapacitate us from their proper use, there would be no danger of hiding the talent in a napkin; but it would result in a four-fold yield of fruit, of which community would receive a full share of advantage in the better management of difficult and intricate cases; and the courts of law would have fewer cases of malpractice to adjudicate, with a better prospect of awarding a sum equivalent to any damage received, in cases in which such an action could be sustained.

If, however, it is deemed that the condition of things is not such as to require or be benefited by any action of the Association in its associate capacity, still as individual members we may, by dis-

cussion of the question, agree upon some plan of procedure, that, by union and concert of action, can be more efficiently carried out than if one or two were to undertake the effort alone.

Should we decide to draw off, and present at the end of every year all accounts for settlement, excepting, of course, those cases that should be still under treatment, requiring a due-bill for any balance remaining unpaid, it would admit of our books being squared without any contention arising, as is liable to happen in settlement of accounts when long delayed.

It is, in many cases, most satisfactory to specify the particular case or cases for which the bill is rendered, and give the date on which each visit was made; because it shows a business habit and precision that *business men* will understand and appreciate.

It is susceptible of mathematical demonstration that physicians are not well paid, according to the amount of means they have invested. It has been estimated that a diploma, from a regular medical college, cannot be obtained for a less sum than five or six thousand dollars, including an estimate for the time spent in acquiring it. Take the lowest sum mentioned, and say the M.D. is out of pocket five thousand dollars when he begins practice, it is evident that, in order to reimburse him, he should receive an annual income, over and above a mechanic or common laborer, equal to the interest on this amount, say at ten per cent., which would be five hundred dollars. So far from this being the case, there are very few of us making over three per cent. on this amount, over and above current family expenses, when due economy has been practiced withal.

That there is little pecuniary profit in the practice of medicine has been repeatedly observed by sagacious minds out of the profession. You have all, doubtless, been admonished by your best friends in this wise: "Why do you not relinquish the profession? There is no money in it; you could make twice as much, in many other kinds of business, by half the effort you exert in this." There is no doubt of the truth of this declaration: very few physicians ever become wealthy by practice alone—very few lawyers fail to become rich. Even school teaching, a profession at one time rather below par, has, by the combined action of those engaged in it, become highly respectable, and will ere long, at the same rate of progress, be more *lucrative* than our own.

The misfortune is, that a man that is qualified to practice medicine is not competent to do much else, by inclination at least ; he has so long chained every energy of his soul down to the treadmill routine of pills, potions, syrups and mixtures, that he is like the mariner on land—he has become so used to the rolling of the ship, that his gait is constantly up and down, and swaying from side to side, until he longs to be upon the rolling wave again, so that he may “walk steady ;” he is at home upon the deep, as the medical man is at home by the bedside, when administering to the suffering and distressed.

If, then, we are in the harness without a choice but to remain, is it not a duty we owe ourselves, our families and our patrons, to acquire sufficient pecuniary means to become accomplished practitioners? There is no other way to come at it, for the mind that is harassed by debt and other sources of anxious care, incident to poverty, is in no fit condition to investigate the nice points involved in scientific medicine. All biographical history goes to prove that poverty is unfavorable to the development of philosophical or scientific truth. The poet’s mind may soar to the third heaven out of a garret ; but if Sir Isaac Newton had been in straitened circumstances when he saw the apple fall, instead of evolving the great laws of attraction and gravitation, it would only have suggested to his mind a series of reflections upon the probable price of *dried fruit*. Dr. Franklin is no exception to this rule ; his motto was, that a penny saved was two pence gained. Acting on this principle, he took good care of the pennies, and the pounds took care of themselves. He was poor, when he started out in life, but by the practice of economy and industry he became *rich* before he acquired fame.

I regret the necessity of dwelling upon so disagreeable a subject, when there are so many topics connected with our occupation more inviting, and only a sense of duty has prompted me to do so. It is but little less essential to promote our pecuniary interest, than it is to extend our lists of therapeutical agents ; for without the former, or the knowledge it may enable us to obtain, the latter might become poisonous, rather than healing, in their character. It is evidently a part of the duty of medical men, and incidentally of associations, to elevate the financial character of the profession, so that it may press onward in its march toward perfection.

The present is a brilliant epoch in medicine ; the signs of the times are auspicious for the success of regular scientific practice ; we fancy we even see occasional glances of a medical millennium, when the "lion and the lamb shall lie down together," and, instead of contention and strife, harmony and peace shall prevail throughout our borders.

It is true, our common enemy has been abroad in the land, and has claimed victims of his power in an unusual number among the eminent of our profession. Their places will have to be filled ; and though the birthright of genius—not being a common inheritance—will prevent many of us from aspiring to such lofty positions, still it is within the power of all to raise the standard of morality and honorable bearing in the profession—things as necessary to be done as anything that mere talent can achieve.

Then let every member of the Wayne County Medical Association continue to cherish an ardent love for his profession, and not be reluctant to perform *any* duties its interests may devolve upon him ; remembering the "*wise man*" has said, "The skill of the physician shall lift up his head, and in the sight of great men he shall be in admiration."

CAMDEN, Jay County, Ind., Feb. 19th, 1859.

The Jay and Blackford County Medical Society met at this place.

The minutes of the preceding meeting were read and approved.

On motion, two resolutions were introduced for altering the constitution, to be acted upon at the next meeting.

Dr. M. STAHL, from the committee on autumnal fevers, read a lengthy and instructive report on the etiology of autumnal fevers.

Officers elected for the ensuing year, were: *President*, C. S. Arthur ; *Secretary*, M. Stahl ; *Treasurer*, I. T. P. Bigelow ; *Censors*, A. G. Cole, B. B. Snow, and N. R. Hamilton ; *Lecturer for the next meeting*, B. B. Snow.

On motion, E. M. Morrison was chosen delegate to the American Med. Association, and C. S. Arthur, delegate to the State Medical Society.

On motion, the Society adjourned, to meet at Hartford City on the second Saturday in May next.

C. S. ARTHUR.

Editorial Translations.

Hypertrophic Lengthening of the Neck of the Uterus.—M. Huguier read a long paper in two parts at the meetings of the Imperial Academy of Medicine, of March 1st and 7th, with the above title. The following are the conclusions:

1. The fall of the uterus, whether it is complete or incomplete, is not a single disease, but rather an *ensemble* of several diseases designated under a single name.

2. When the uterus appears externally, or when even the vagina is completely inverted, so that the womb, from the size of the tumor, in the centre of which it is found, seems entirely precipitated between the thighs, it is not, in the great majority of cases, because that it has fallen down and escaped completely from the pelvis, but rather that it has suffered a partial or general hypertrophic lengthening.

3. In the affection designated under the name of precipitation, the hypertrophic lengthening is not the exception, but rather the general rule.

4. Two principal varieties of longitudinal hypertrophy, the *sous* and the *sus*-vaginal, which constitute, in some sort, two different diseases, may simulate the descent and precipitation of the womb.

5. In the first kind of lengthening, the neck of the womb forms, in the cavity of the vagina, a more or less lengthened *cyliindroid* or *conoid* projection, whose free extremity approaches the vulvar opening or even engages between the lips of the part, without the vulvo-vaginal tube being shortened, invaginated or inverted on itself.

6. It has been, until the present time, confounded with the falling and descent of the womb, when it has not been diagnosed, and treated for a polypus, a chronic inversion, a follicular cyst, a schirrhus of the neck, or a dropsy of this part.

7. No complete description has yet been given, although it has had very clear characteristics in its development, symptoms and treatment.

8. The medical means and the divers kinds of cauterizations

are only applicable to slight hypertrophies, and to those complicated with inflammation and engorgement.

9. Pessaries are the most often useless or dangerous.

10. When a hypertrophic lengthening of the neck of the uterus produces serious symptoms, and is from five to seven centimetres in length, there is but one veritable remedy, efficacious and curative, to be used, and that is the resection of the neck, at a half centimetre below the insertion of the vagina.

The author reports eight cases which confirm this precept.

11. The disease designated at the present time by the names of precipitation, or complete falling of the uterus, is not, very generally, any other thing than a longitudinal hypertrophy of the *sus-vaginal* portion of the organ, the fundus and body remaining in the pelvic cavity, although the vagina may be entirely inverted, and the tumor hanging between the thighs may have an equal or greater length to that of the uterus in the normal state.

The exactness of this proposition is proved by historical researches, pathological, anatomical, and clinical facts.

12. The cases of hypertrophic lengthening of the *sus-vaginal* portion of the neck, which we find reported here and there in the authors of the last two centuries and of the present one, have been overlooked, and entirely lost to science; the authors, even of these cases, have not drawn any practical conclusion, and have always confounded this affection with the veritable falling of the uterus.

13. We do not find, in scarce any work, the unexceptionable proof, semiotic, and pathologico-anatomical, of the existence of the complete fall of the uterus.

14. On the contrary, the pathologico-anatomical facts which we have described; those that several of our colleagues have, since our observations, demonstrated to the Surgical Society, and those contained in the museum of Dupuytren, prove the frequency of the hypertrophic lengthening, and that of the fall of the neck only in the affection called *precipitation* of the womb.

15. The longitudinal hypertrophy of the *sus-vaginal* portion of the neck, and the fall of the uterus, have different pathological and semiotic characteristics, which distinguish these two affections.

16. The relaxation, the weakness and forced distension, no more than the destruction of the large or round ligaments, do not concur in a very efficacious manner to the fall of the uterus; this

is not the case with analogous alterations of the utero-lumbar ligaments.

17. In the treatment of this disease, we must not have recourse to a bloody operation, or surgical, properly called, until it produces serious accidents, and that we are sure that the medical means are insufficient.

18. All the operations which have been invented until the present time to fill the therapeutic indications which it demands, are insufficient. They may be useful in the case of simple fall of the uterus, without hypertrophic lengthening; and with this view they may remain to science.

19. In this hypertrophic lengthening of the neck, followed by precipitation of this part and inversion of the vagina, the only operation which can fulfil the principal indications, and which can be followed by success, is the amputation of the neck below the insertion of the vagina—more or less near the body of the organ, according to the degree of the lengthening.

20. This operation should never be practiced before having taken, previously, some precautions against consecutive inflammations. These precautions should be continued with the greatest care for fifteen or twenty days after the operation.

21. The arteries of the uterine tissue are very difficult to seize and ligate: to be able to act promptly, it will be necessary to use a tenaculum, which should be left until it comes away spontaneously.

22. The *ecraseur linéaire* has seemed to me useful for terminating the section of the neck, especially if this part is very vascular.

23. When the disease is preceded by a rectocele or a voluminous cystocele, or with both of these affections at the same time, after having removed the neck, it may be necessary to operate separately on the hernia of the rectum and bladder, as has happened to me several times with success.

24. The operation is contra-indicated when the pelvic basin and vulvar opening are very large, a perineum more or less torn, and a considerable weakness of the soft parts, which form the floor of the basin.

25. If we do not operate when the conditions indicated in the preceding conclusion exists, the disease does not relapse, and the health becomes as good as it was before the development of the disease.—*Gazette Hebdomadaire*.

Correspondence.

[Through the courtesy of Prof. Mendenhall we are permitted to give the following portions of a letter from the Rev. George Pierson, which we doubt not will be read with interest. Mr. Pierson, in preparing for his present missionary enterprise and labors, spent one winter in attendance on the lectures of the Miami Medical College in this city, subsequently attending a course at Albany. We are not able to give the precise locality of *Ebon*, but it is one of those countless little islands in the Pacific making one of the many groups comprised in Oceanica.—Ed.]

EBON, December 9, 1858.

GEORGE MENDENHALL, M.D., *Cincinnati, Ohio.*

DEAR SIR :—You have probably often thought it strange that I have not written you. I have been busy in pioneer life in this remote part of the world, with only very occasional opportunities to receive or send mails to friends in America. The longest time I have been without receiving a letter from the States was twenty months. I have written letters and had them on hand for six or eight months, waiting for an opportunity to send them by some passing vessel which would take them to China, Sandwich Islands, or some other port, and then mail them. In such cases, my letters have been from three or four to thirteen months in getting to their destination after leaving me; and some have never got through. So you see our mail system has been so poor that it has been rather discouraging to have much to do with it; for though I have sent quite a number of letters every year, I have heard of but very few. But I shall hope to hear from this.

The natives upon these islands in this part of the ocean live in a very primitive manner. Their houses are made of posts and poles tied together, then covered with thatch made of the leaves of trees—generally either the sago or pandannus tree. The leaves are very long and narrow like a leaf or blade of corn, so that a house thus covered looks like a large stack of corn-fodder. The sago does not grow upon the coral islands, while the pandannus is very abundant: so the leaf of that is the common material for thatching on the islands of coral formation. And there are but few islands of any other structure in Micronesia. Strong's Islands, Ascension or Panope Islands, Hogolen, and a few others, are of volcanic formation and are mountainous. The coral isl-

ands with a few exceptions are merely a little strip of land some half a mile wide or less, and some half dozen feet above the level of the sea at high tide, extending more or less of the way around an enclosed lake or lagoon of sea water, and the spaces between are composed of coral rock, or reef, just under water, with occasional passages deep enough to allow a ship to enter the lagoon, which is usually six or eight miles in diameter, sometimes less, and often much more the longest way—perhaps thirty or forty miles long, and half a dozen wide. The greatest amount of land is almost, without exception, on the east side of the lagoon, and the ship passages on the west side; also the longest way of a lagoon is from the northwest to southeast. And in both the Kingsmill and Marshall Islands the general course from one island to another, as they lay upon the map, is the same, northwest and southeast.

But to return to the primitive manners of the natives. Their dress, or undress, is next door to nudity; and upon the Kingsmill Islands the men go stark naked, as also do the children. At puberty the girls put on a narrow skirt, made like a fringe, and is from six inches to sixteen inches in width, and is tied very low down around the hips, just enough to cover the nakedness and no more. This is their entire dress. Upon other islands the costume varies, though upon many not a whit more decent. However, upon the Marshall Islands the men wear a fringe skirt, which is tied around the waist and reaches down to the knees, while the boys go naked till ten or twelve; but the girls, from infancy, wear very finely braided mats, which are soft and pliable, made of pandanus leaf, which reach from the waist to the ankles. This is also the dress of the women, while above the waist they are uncovered, but are now beginning to wear a sack made of calico, which we furnish them in payment for such articles as we buy—fowls, etc., and thus we hope soon to see bodies of the females entirely covered.

The people themselves are, in many respects, very similar to the American Indian, and I have no doubt are of the same original stock. These islanders are great navigators, and are continually going from island to island, crossing an open sea of from fifty to two hundred miles, and the consequence is many are lost every year by storms and calms, either wrecked, driven off their course,

or carried off by the current during a calm, and hence miss the island to which they were going. In such cases they often reach some other island, it may be hundreds of miles from where they intended, or they sail on in hope of finding land till their provision is exhausted, and then die. The proas in which they voyage might, in ordinary weather, cross this ocean. There are some persons on Ebon (Covell or Boston Island), upon which my home is at present, that came thus from the western part of the Caroline Islands, and did not see land till they had sailed sixteen hundred miles, when they discovered one of the Marshall Islands.

The medical art is a combination of superstition, sorcery, and "roots and herbs." The list of articles composing their *materia medica* is very small—a few leaves, a few barks, and a few roots, or the bark of roots; but the great power is in the sorcery. In some cases an individual discovers, or thinks he discovers, some useful medical qualities in a plant, and immediately he sets himself up for a doctor, and by keeping his remedy a profound secret and extolling its efficiency, he gets quite a run of practice and so comes to be considered a great man. So you see your Americans who claim to be Indian "root and herb" doctors, are not very unlike their heathen neighbors out here in their manner of driving their business. Hence I am more than ever impressed with the fact that those who engage in such a practice forsake the common sense which belongs to civilization, and turn to barbarism and heathenism; and then stupidly assert that their system is better than one which is guided by enlightened science. They might as well declare that the life of the wild Hottentot is better than the life of the American citizen, and so advocate an adoption of the Hottentot manners and customs in social life. Upon the island of Ebon (pronounced Abone), where I have seen the most of the native doctoring, a very important part of it consists in conjurations and incantations. They take a young cocoanut leaf and tie a peculiar knot in each leaflet, and having anointed the body of the patient thoroughly with cocoanut oil, a person takes his seat by the head of the patient and commences swinging the cocoanut leaf to and fro of the sick person's head, and occasionally strikes the head or upper part of the body a gentle blow with the leaf. This is kept up a considerable length of time, during all of which the operator is chanting over a charm, or form of words, which is supposed to have power to exorcise the disease or pain; and if the patient is a

person of distinction, so that all the power of the charm, etc., is exerted, a number of persons, principally women, will sit around and chant in unison with the doctor or doctrix, and with each emphatic word a stroke is given with the leaf. If the disease continues to advance, these conjurations are repeated frequently, and when they see the patient is about to die, then he is taken into a house by himself, and a consultation of the most skilful of the conjurors is called and they take charge of the case entirely, so that no one, not even the nearest relative, is allowed to come near the house for a day or so, while this able "faculty" are putting forth all the power of their medicines and incantations to dispel the pain and remove the disease. And when he dies, this cocoanut leaf charm which has been used so faithfully during his sickness, is buried with him, in order, I suppose, to secure life and health in another state, *i. e.*, in the spirit land to the westward, to which they believe they go.

As soon as it was known that I had some medicines, there were a number of persons who wished to try their efficacy; and as soon as these began to improve, others came, so that I suppose there is not a person on the island that would not gladly take medicine from me if he was sick.

My home among this people has been very pleasant, for they have treated me with kindness and respect, and have been ready to receive religious instruction also. The Sabbath congregations are large and attentive, and whenever we meet them are willing to talk upon religious subjects; but their old superstitions have such a strong hold upon their minds that there is nothing but the power of the Holy Spirit that can deliver them from their fears, and make them disregard the old stories of ghosts, etc., with which their minds have been filled from infancy. Then they are as much attached to their sins and sinful habits as anybody in any part of the world. They are a very sensual and covetous people, and they feel it is hard to be obliged to be honest and virtuous, and hence there is but little disposition to give up these sins and live pure and upright lives, and so lose all their gain and pleasure, as they are wont to think. Here, too, as in civilized countries, it needs more than human power to make men good. There is nothing but the power of God that can do the work, and renew the heart so as to make it choose the good and refuse the evil, hate sin and love holiness. Human nature is the same the world over.

Yours, sincerely,

GEORGE PIERSON.

Reviews and Notices.

ON POISONS IN RELATION TO MEDICAL JURISPRUDENCE. By ALFRED SWAINE TAYLOR, M.D., F.R.S., etc., etc., etc. *Das Wissen wird durch suchen sich entfalten.* Second American from the second and revised London Edition. Philadelphia: Blanchard & Lea. 1859.

As a writer on topics connected with medical jurisprudence, perhaps we have no name that carries with it more authority than that of the author of the book before us; and in reference to this work itself critics have expressed their most hearty commendation. Thus the careful reviewer of the *British and Foreign Medico-Chirurgical Review* speaks of it as the "most elaborate work on the subject that our literature possesses—a vast body of facts, which embrace all that is important in toxicology, all that is necessary to the guidance of the medical jurist, and all that can be desired by the lawyer."

The plan of this work embraces, first, *fourteen chapters*, which are of a general and introductory character, treating of the nature of poisons, their classification, mode of action, etc., evidence of poisoning in the dead and living body, chemical analysis, etc., etc.; *eighteen chapters* are devoted to the *irritant poisons*; *ten chapters* to the *narcotic poisons*.

As Dr. Taylor remarks in his preface, "TOXICOLOGY is a wide subject in itself, and it would be hopeless on the part of a writer to endeavor to include in a small volume all those facts and principles which are now comprehended under this department of medical science." His course, therefore, has been to "devote more space to the consideration of substances which, from the frequency of their employment for murder and suicide, are of great practical importance."

A number of years have intervened since the appearance of the first edition of *Taylor on Poisons*, and in that time a very great change has been wrought in the subject. The science of chemistry has been, particularly, making rapid improvements, and as a result many new substances have been introduced which may become fatal through accident, carelessness or design; and in the same rapid march of chemical science new and more exact modes of counteracting and detecting those poisons previously treated of

have been also designated. These circumstances have made it necessary that Dr. Taylor should materially remodel his work, adapting it to the present state of science and the corresponding wants of the profession. We can safely say that the author, in this revise, has fully responded to all these requirements.

It is worthy of notice, so far as the publishers are concerned, that this edition is well gotten up; and that while the author's preface bears date of "St. James' Terrace, Regent Park, January 10, 1859," yet this American edition is placed upon our table but two months thereafter.

For sale by Rickey, Mallory & Co. Price \$3.50.

ASYLUM REPORTS.—Report of the Board of Managers of the State Asylum of the State of Missouri, for the years 1857 and 1858.

Sixteenth Annual Report of the Managers of the State Lunatic Asylum of New York.

New York Assembly Reports—January, 1859.

Eighth Annual Report of the New York Asylum for Idiots.

The Missouri State Asylum for the Insane at Fulton appears to be in a prosperous condition; being efficiently superintended by Dr. J. R. H. Smith—Dr. Hinde, assistant physician. From Dr. Smith's report we learn that the total number of patients in the asylum during the two years ending Nov., 1858, was 257. Of these 45 recovered, 22 died, 12 improved, etc.: remaining in the Asylum, Nov. 29, 1858, 171. The annual expense of supporting the institution for two years past is given as about \$38,000. It is quite a gratification to find the name of our much respected friend and ancient Oxford room-mate, Chas. H. Hardin,

ered, 801 were improved, 1,194 unimproved, 39 not insane, 636 died. This institution met with a serious calamity, in the destruction of its building by fire, in July, 1857; but it appears that these have already been mainly restored. An unusual amount of responsibility and labor, however, must have thereby devolved upon the superintendent and his assistants. The expense of sustaining this institution, during the past year, was in even numbers something more than \$100,000.

From all the reports we take up, both of this country and Europe, we are forcibly struck with the alarming increase of insanity for a few years past. What is the explanation of this?

The efforts that are now making to improve the condition of idiots is comparatively a new field of exertion in the range of Christian benevolence and philanthropy. In our own State we are but just making a beginning in that direction.

Last month we called brief attention to the Second Annual Report of Dr. Paterson, of the Ohio Asylum. We have now the Eighth Annual Report of the New York Asylum before us, which we have read with much interest. From this report we learn that the efforts in training and developing the faculties of the pupils have resulted in very satisfactory progress. There was an average attendance, during the past year, of one hundred and ten. "In almost every individual case," according to the report, "there has been improvement, to a greater or less degree; and collectively of them it may be affirmed, that they have been elevated in the scale of humanity." We have watched the progress of this benevolent enterprise with much interest.

Editor's Table.

Congenital fissure of the Sternum—M. Eugene A. Groux.—The profession of this city has had the opportunity, during the past month, to witness the remarkable peculiarity exhibited in the person of M. Groux. In the case of this gentleman there is a congenital absence of the portion of the sternum in the medium line, or, perhaps, more properly speaking, a lack of bony union of the two halves of the sternum, causing a V-shaped sternal fissure. During quiet respiration, the width of the depression thus created is about one inch at its upper part, gradually diminishing in width as it approaches the ensiform cartilage, where it reaches its apex. By the action of the pectoral muscles, the width of this fissure can be increased to about two inches and a half at its upper part; while, by the action of the deltoids and trapezius, it is almost obliterated. Through this fissure a pulsating tumor is seen, which is evidently a part of the heart's structure; but there is a difference of opinion amongst anatomists what portion this is. The heart's sounds are studied with great satisfaction, and in the course of the interview with the medical gentlemen here, M. Groux gave quite a pleasant lecture, with various experiments and vivisections, illustrative of his own case, and the subject of the heart's action. By coughing, or by a prolonged expiration, M. Groux is able to throw out a marked protusion of the lungs, shown as a prominent tumor in the upper part of the fissure, and giving a clear sound on percussion. He also has the power to stop the pulse at will, by taking a full and powerful

early of M. P. B., Groux

most eminent physicians and surgeons of London, and various reports of his case were published at that time in the English journals. Owing to delicate health, he was obliged, some seven or eight years ago, to abandon his engagement in trade, and formed the determination of exhibiting his case to the medical world. Since that time he has visited nearly all the large towns and cities of Europe, has been presented to the various medical and learned societies, and has also subjected himself for private examination to numberless physicians in Germany, Holland, Sweden, Russia, Spain, France and Great Britain. During this time he has also engaged, systematically, in the study of anatomy and physiology, in the schools and hospitals of Vienna and Paris. M. Groux has been visiting the various large cities of this country during the past three or four months, and has been everywhere received with interest and attention.

Affairs in Chicago.—Our neighbors of the *Rush Medical College*, at Chicago, have had some internal trouble, the precise nature of which has not yet transpired; but its most prominent manifestations are the withdrawal of Profs. Johnson, Davis and Byford from the school, and a change of the proprietorship of the *Medical Journal*.

It is claimed that the journal is a part of the Chicago system of medical instruction; that at any rate the journal should sympathize with the college, and represent its interests; therefore Drs. Davis and Byford, in resigning their connection with Rush Medical College, have also transferred the journal to Prof. Daniel

Brainard, whose name appears on the last number as editor. We part with Profs. Davis and Byford, from the editorial ranks, with sincere regret. We have ever found them courteous and honorable, in all that pertains to our profession, and we sincerely trust we shall still hear from them often, as contributors to the great general stock of medical letters. We doubt not, however, that the well earned reputation and industry of Prof. Brainard will ably sustain the character of the *Chicago Medical Journal*.

—Since writing the above, we learn that Prof. Davis and his friends, in withdrawing from Rush Medical College, have in contemplation the formation of a new medical school, which is expected to be in readiness for operating this fall. In this new school it is proposed to carry out a long cherished plan of Prof. Davis, the outline of which is somewhat thus: the faculty to consist of ten professors, five of whom are to give an *elementary* course of twenty weeks to what is to be regarded as the junior class; the other five will also give a *practical* course, to occupy twenty weeks. For each class there will be but four lectures a day. For graduation, it will be necessary to attend both courses, not in the same year; to have studied three years, etc., as heretofore required; or to have attended one course elsewhere, and the last or practical course here; or to have practiced four years—the last course here. As this somewhat radical change is about to be put in actual experiment, we may hereafter take occasion to recur to the matter more particularly.

Vital Statistics.—Commercial Hospital, Cincinnati. During the year ending March 1, 1859, there was admitted into this hospital 1,426 patients. Of this number 92 died, including one suicide, and several admitted *in articulo mortis*. The rate per cent. of deaths was 6.5, or one in $16\frac{2}{3}$.

From the *Boston Medical and Surgical Journal*, we learn that 1,015 patients were admitted into the Massachusetts General Hospital during the last year, of whom 629 were males, and 386 females, being an increase over the two preceding years. The number discharged, well, was 514; 85 were much relieved, 144 were relieved, and 127 died. This gives a mortality of about $12\frac{1}{2}$ per cent.

We find in the *Pacific Medical and Surgical Journal* that there

was admitted into the city and county hospital of San Francisco, for the year ending Jan. 1, 1859, 1,097 patients, of which 111 died, or ten per cent., for an average of the whole year. "This," say the editors, "is a very curious fact. This mortality appears very large for the healthiest city in the world. Our hospital is well located; from its windows commanding a view hardly surpassed in the world. It is isolated from the heart of the city, on a considerable elevation above tide water. Are our sick badly fed, badly lodged, or badly doctored, or all?"

"Since writing the above," say the editors, "we have received a note from Sacramento, containing the statistics of the county hospital of that city, from which we learn the astounding fact that the mortality of that institution has, for the *last two years*, been (13.5) thirteen and a half per cent. Now, one of two things is beyond cavil true: either Sacramento is the most unhealthy city in the world, or its invalids are worst cared for. The slaughter (we mean dispensation of providence) is greater there than in a pitched battle—than it was in any engagements of our army in the late war with Mexico; we will not except even the battle of El Molino del Rey, in which the loss of life was so great, the nation almost went into mourning."

We have reason to be satisfied with the low rate of mortality in our hospital.

The Remains of Hunter.—From our exchanges we learn that the remains of John Hunter were recently exhumed from the vaults of the church of St. Martins-in-the-fields. They were discovered by Mr. Frank T. Buckland, Assistant Surgeon 2nd Life Guards, son of the late Dean of Westminster. "The coffin was in No. 3 vault, under the church, at the bottom of many others, being, in fact, almost the last to be removed. It is in excellent preservation, the cloth only upon it having decayed in places. The handsome brass plate upon it is as perfect as when originally engraved; the coat-of-arms is uninjured, and the inscription clear and distinct. It runs as follows: 'John Hunter, Esq., died Oct. 16th, 1793, aged 64 years.'" It is proposed that the profession in London should accompany the remains to its last resting-place, and that the opportunity should now be taken advantage of to erect a monument to his memory.

—The Imperial Academy of Sciences gave, at its meeting of March 14th, its great annual prize on experimental physiology, to M. Jacobowitsch, for his papers on the intimate structure of the brain and spinal marrow in man and the vertebrated animals.

M. Jacobowitsch, says the reporter of the committee, proposes one of the most difficult problems in physiology and anatomy, that of separating the texture of the nervous system; of distinguishing its divers constitutional elements, so as to determine their physiological rôle. This author has recognized and described three particular forms of nervous cells, connected with each other and with three different nervous fibres. He has determined the exact disposition of these divers nervous histological elements in the spinal marrow and the brain, and has indicated the points of the nervous centres in which these cells or fibres group, accumulate, mix, separate, appear and disappear. These anatomical researches, made not only in man, but also in the four classes of vertebrated animals, are of great physiological importance; they prepare, in a very happy manner, the ground on which will be established, ulteriorly, the most delicate physiological experiments, when it is proposed to carry it on the histological elements of the organs.

—The *London Medical Times and Gazette*, in a notice of the transactions of the American Medical Association, Vol. XI., 1858, speaks in the highest terms of it, and the association. It accords to it a position for influence and scientific investigation far ahead of the British Association. It says, "Each member of the American Association pays twelve shillings a year as his subscription. The subscription to the 'British' is a guinea. The one association offers prizes, makes grants for the expenses of original inquiries, appoints working committees to investigate important questions, and supplies its members with the results of all this work in an annual volume of transactions, which is a real acquisition to any medical library. The association has published carefully prepared reports of the various epidemics and diseases which have prevailed during the past ten years, and of the vital statistics of the principal cities; illustrating them by charts, maps, diagrams, tables and plates." Speaking of the British Association, it says, "It has done nothing to check

irregular practice, or promulgate a code of ethics. It is a mere joint stock company, vainly attempting to compete with this, and the other weekly medical journals of the metropolis. Its sole vitality is in annual social gatherings. Let them be kept up; but in all other respects, if the association is to become a useful, influential and respected body, let it return to its original constitution, encourage experimental investigation, promote medical science, assume some authority in the sanitary affairs of the nation, put away discreditable trading competition, and outshine, instead of being spurned, by its younger and more vigorous brother of the West."

Failure of Female Physicians.—We learn from the *London Medical Times and Gazette*, that Mrs. Dr. Elizabeth Blackwell, formerly of this city, and more recently of New York, is in London delivering lectures to ladies at the Marylebone Institute, "on topics connected with the subject of medicine and hygiene, in connection with the special duties of women in the spheres of domestic and social life." The editors very properly observe, "Why has this lady left her practice and deserted the ladies and babies of New York? Are female doctors, after all, a failure in the land of Bloomers?"

We are happy to say that they are. From the daily press we also learn that Mrs. Dr. Harriot Hunt has taken to preaching the gospel. So, after all, folly finds its reward. A few years since, cruel, unfeeling men doctors were to be driven out from all female practice. It was discovered all at once that men were wholly unfitted to be obstetricians; that it was the office of woman. The day is not far distant when the grave will close over these "Bloomers," female doctors, women's rights females and female preachers. So mote it be.

—Brown-Sequard, the distinguished physiologist, is in England, delivering a course of lectures on his favorite subject. He has discovered a new means of producing anæsthesia, which has not yet been tried on the human subject, and will not be made known until so tried. His new course of lectures embody the discussion of animal heat and its relation to the results of poisons and asphyxia.

New York Kappa Lambda.—We have been favored with a report made about *thirty years ago* by a committee from the Medical Society of the City and County of New York, in reference to the existence, objects and proceedings of a secret society, with the above title. It is claimed that this society is a *secret league*, for the professional promotion and personal advancement of its brethren; that having been quiet for many years, it is now again raising its hydra head, as a hideous medical monster, in the midst of the New York doctors. We confess our inability to become particularly excited on this topic; at any rate, we suppose this republication of the object of the association will be a sufficient antidote to any mischief which it might otherwise accomplish, and we are so dull as to be unable to discover any evidence of “a Bourbon” here at home.

—Quite a number of interesting surgical operations have been performed in our hospitals and in private practice of late by Prof. Blackman, Dr. W. H. Mussey, and Dr. E. Williams, ophthalmic surgeon. Prof. Blackman has trephined twice very recently for the relief of epilepsy: one case died, while the other is rapidly recovering from the operation, although, previous to the operation, the patient had a convulsion every Thursday; since the operation, now three weeks, he has escaped the convulsions.

Dr. Williams has made the operation for cataract several times of late, in some of which considerable interest attached to the case. He removed one eye from a young patient lately for soft cancer.

Dr. W. H. Mussey has also made several very interesting operations, two of which, for the removal of the testicle, presented a good deal of interest. We hope to be able to present reports of these cases very soon.

A New Periodical: The Druggist.—We have received the first number of a new monthly, published in this city by C. S. Williams, 196 Walnut street, designated *The Druggist*—a monthly newspaper for the trade. As its name imports, it is intended as a medium of communication between druggists and manufacturing pharmacutists, and general dealers in goods pertaining to the trade. It is a handsome quarto of sixteen pages, and contains a fair proportion of current pharmaceutical news, contributions, and

scientific matter generally. It is under the editorial control of our esteemed neighbor and friend, Prof. H. E. Foote, M.D., of the Medical College of Ohio, assisted by E. S. Wayne and W. J. M. Gordon, chemists. The terms are \$1.00 a year for single copies, in advance. It will doubtless meet with a hearty patronage from the druggists of the country, to whom it will be a very profitable and acceptable visitor.

To Subscribers: New Inducements.—We have recently effected arrangements with the publishers of the principal medical reprints in this country, whereby we are enabled to afford them to our subscribers in connection with this journal at such a discount as may be an object to our friends. We will therefore send the *London Lancet* and *Lancet and Observer*, for one year, for \$6.00; *Braithwaite's Retrospect* and *Lancet and Observer*, for one year, for \$4.00; *Ranking's Abstract* and *Lancet and Observer*, for one year, \$4.00; *British and Foreign Medico-Chirurgical Review* and *Lancet and Observer*, for one year, \$5.00; also we send *Godey's Lady's Book* and *Lancet and Observer*, one year, for \$5.00. It is now rather late, perhaps, for this to be available to most of our subscribers, but this may be regarded as a standing arrangement, unless otherwise noticed.

Professional Appointments.—From some of our exchanges we learn that Dr. S. Eastman has received the appointment to the chair of anatomy in the medical department of the University of Buffalo, and Dr. Austin Flint, Jun., to the chair of physiology and microscopic anatomy in the same institution. Also, that Dr. E. Geddings is recalled to the Medical College of South Carolina, and takes the chair of practical medicine, recently made vacant by the decease of the lamented Galliard.

The "Breant Prize" of 100,000 francs for a Cure for Cholera.—In order to obtain the prize of *one hundred thousand francs*, it will be necessary "to find a remedy or treatment which will cure Asiatic Cholera in the great majority of cases; or to make known, incontestably, the causes of cholera, so that in suppressing or removing these causes the epidemic may cease; or finally, to discover a certain prophylaxis, as evident for instance as vaccination for variola."

2nd. In order to obtain the annual prize of *four thousand francs*,

it will be necessary to have demonstrated the existence of matters in the atmosphere which produce or propagate epidemic diseases. In case the preceding conditions shall not have been fulfilled, the annual prize of *four thousand francs* can, according to the terms of the will, be accorded to the person who shall find the means of curing radically herpetic eruptions (*les dartres*), or shall explain their etiology.

A Request—Back Numbers.—As our supply of January numbers for 1859 is nearly exhausted, we will take it as a great favor if any persons who may have received that number as a “specimen,” or may have extra numbers, will forward them to this office. Also, any persons who may have copies of January, 1858, on hand, which they do not wish to file or bind, will be credited their subscription price, twenty-five cents, for each number sent to this office, besides conferring a favor, as that number was all sent out before the February number of that year was published.

Dr. John F. Meigs.—We have neglected to notice that Dr. Pepper, long connected with the Pennsylvania Hospital, having resigned his position, the vacancy has been filled by the appointment of Dr. John F. Meigs. This is a fine field for investigation, and we doubt not Dr. Meigs will do himself credit.

Sixteenth Registration Report of Massachusetts.—We have received a copy of this Report, by Oliver Warren, Esq., Secretary of the Commonwealth of Massachusetts, making a volume of 240 pages; but have not had time to examine it with any degree of care.

A Medical College in Mobile.—The *Medical and Surgical Reporter* states that steps are on foot to found a medical college in Mobile, Alabama, and that Dr. Nott, of that city, will soon leave for Europe on business pertaining to the enterprise.

Bellevue Hospital, N. Y.—Medical School.—The *American Medical Gazette* states that, at the close of his winter's clinical course at Bellevue, Dr. James R. Wood announced a new medical school in connection with that hospital, as in embryo.

—A chair which has not existed in the School of Medicine in Paris for some years, is about to be reëstablished: it is called the chair of the history of medicine.

Portrait of Dr. Chapman.—We have great pleasure in giving an excellent steel engraved portrait of the late Prof. Chapman, with this number of the *Lancet and Observer*. It was our purpose and expectation to have presented our subscribers with a portrait earlier in the year, but we delayed in the expectation of being able to give one more identified with the west; although we have been disappointed in this, we are still very sure that it would be difficult to send out to our friends a portrait more acceptable than this, of one of the fathers of American Medicine. We hope to be able to present our subscribers with a second medical portrait before the expiration of this volume.

—“There is a great difference between a pathologist and a physician. The pathologist studies disease for the disease itself; the physician studies disease for the victim of the disease. One exercises his art for the sake of art, the other exercises it for the purpose of soothing the sufferings of humanity.” — *L'Union Médicale*.

—In a case of *plica polonica*, lately observed by M. Raciborski, the *achorion schonleinii* was found in considerable quantity. This fact tends to prove the opinion now gaining ground that this cryptogamous plant is an accident of skin diseases, and not an essential part of the disease.

—Ludovic Hirschfeld, the author of the beautifully illustrated work on the Nervous System, and formerly *chef de clinique* at Hôtel-Dieu, Paris, has been nominated Professor of Anatomy at the Medico-Chirurgical Academy of Warsaw.

—In a town of Wurtemberg, a Mr. Helgerad has established, with most perfect success, a printing house, which is carried on solely by 160 deaf and dumb individuals.

—Dr. Silas Durkee, of Boston, will bring out shortly, through Mr. Jewett, his publisher, a work on gonorrhœa and syphilis.

—Scanzoni received twenty-five thousand dollars for obstetrical services to the Empress of Russia.

Editorial Abstracts and Selections.

PRACTICAL MEDICINE.

1. *Trousseau's Treatment of Rheumatism.*—In the Salle St. Agnes, under the care of the same physician, (Trousseau,) is a young man, aged twenty, who is just recovering from acute rheumatism, belladonna, one of M. Trousseau's favorite remedies in this affection, having been, to the exclusion of everything else, the only medicine employed. The rheumatism was of the articular kind, affecting chiefly the large joints. The fever ran high, the heart's action was violent, and the "bruit de soufflet" very distinct, accompanied with pain on pressure over the cardiac region. Belladonna was administered in the following proportions: One grain of the extract was given on the first day; two grains on the second; two and a half on the third; three on the fourth; and so on progressively up to six grains per diem. On the fourth day the constitutional effects of the medicine became apparent, as was evinced by spectral illusions, delirium, dilatation of the pupils, foul tongue and parched mouth. Consentaneous with these symptoms, an amelioration in the rheumatic pains was observed. Notwithstanding this improvement, the belladonna has been continued; and although the patient is all but free from pain, M. Trousseau deems it prudent to prolong the treatment, with a view to the prevention of a relapse. In certain cases, Trousseau, and other hospital physicians here, are in the habit of commencing with the maximum dose noted above; and we have known it prescribed to the extent of eight grains of the powder or extract on the first day of the treatment.

The rule is, that each day the dose be increased until delirium sets in; at this point the same dose is continued for a few days, then gradually diminished; it is, however, essential that the bowels be kept open by the administration of some purgative, such as calomel and jalap, every day. From what we have observed, there seems to exist a kind of antagonism between belladonna and rheumatism; and the same has also been observed in reference to this same affection and the constitutional effects of quinine. With-

out seeking for an explanation of this peculiar antagonism, we must, in the meantime, at least, content ourselves with the simple observance of the fact, as the very individuals who are in the habit of employing these remedies do not pretend to enlighten us as to their *modus operandi*. Trousseau himself is of the opinion that, in the case of belladonna, its curative influence in rheumatism is attributable to its action on the circulatory system; this action, however, being but secondary to the effect it produces on the nervous system. At one time he is to be found treating all cases of rheumatism, apparently without distinction, with quinine, while at another belladonna is his specific, to the entire exclusion of everything else. This apparent inconsistency disappears when one really knows and can appreciate his motives. Close and philosophic observation has enabled him to recognize something special and peculiar in its character and form, during certain seasons, which is not to be found in it at others; and hence the treatment, which may be suitable in one series of cases, he finds does not answer in another. What this peculiar modifying influence may be he does not of course know.

2. *The first Experiment with Chloroform.*—Dr. Simpson, with his two assistants, sat down late one night after an arduous day's toil; and, when most physicians as well as patients were wrapped in sleep, began to inhale various substances which had been collected. A small bottle of chloroform had been raked up out of some obscure corner, and was to take its turn with the rest. Each experimenter having provided himself with a tumbler or finger-glass, a portion of each selected fluid was poured into the bottom of it, and the glass was placed over warm water to favor the evolution of vapor. Holding the mouth and nostrils over the vessels, these votaries of science courageously explored this *terra incognita* by inhaling one vapor after another. At last each charged his tumbler from the small bottle of chloroform, when immediately, says Professor Miller, an unwonted hilarity seized the party; they became bright-eyed and very happy, and conversed with such intelligence as more than usually charmed other listeners, who were not taking part in the proceedings. But, suddenly, there was a talk of sounds being heard like those of a cotton-mill, louder and louder; a moment more, then all was quiet, and then—

a crash. On awakening, Dr. Simpson's first perception was mental. "This is far stronger and better than ether," he said to himself. His second was to note that he was prostrate on the floor, and that his friends were confused and alarmed. Hearing a noise, he turned round and saw his assistant, Dr. Duncan, beneath a chair, his jaw dropped, his eyes staring, and his head half bent under him, quite unconscious, and snoring in a determined and alarming manner. More noise still, and much motion. And then his eyes overtook Dr. Keith's feet and legs, making valorous efforts to overturn the table, or more properly to annihilate every thing that was upon it. All speedily regained their senses, and from that day—or rather from the middle of the night—dates the discovery of the marvelous properties of chloroform. A patient was found in the Royal Infirmary who submitted to its influence during an operation, and who awoke up afterward quite unconscious of what had happened, with a merry eye and placid countenance.—*Household Words*.

3. *Noises in the Sick-Room*.—It is extraordinary how many persons, unused to the sick-room, mistake certain noises for quiet. When such persons have to walk across the room, they do so with a balancing sort of movement that makes every plank creak easily. Their very dress rattles in a way that would make the fortune of a rattlesnake. If any thing has to be said, it is spoken in a loud whirring whisper that conceals the words but makes the most irritating of noises. Now, the silence of a sick-room must not be labored : it must be natural. Shoes that do not creak must be worn, and in walking the foot must be put down carefully, of course, but with a firm step, that comes gently, yet steadily, on the floor. This will not make the creaking sound caused by the toe-pointed, gingerly mode of movement so much adopted by those whose experience of sick-rooms is small. The dress must be made of some noiseless material, wool or cotton ; silk must be avoided, for it squeaks with every movement. In speaking, the pitch of the voice must be slightly raised, and the words, instead of being hissed, as in whispering, should be clipped short, and cut distinctly. By this means the person spoken to will hear what is said, while the least possible sound accompanies the word.—*Barwell's Cure of the Sick*.

4. *Cure for Tapeworm.*—Procure sufficient seed of the pumpkin (those grown in the West Indies the best) to make two ounces after removing the outside shell of the seed; put them into a mortar and add half a pint of water; pound them well up and make a liquid orgeat of them, which strain through a cloth. Drink this mixture in the morning on a fasting stomach. If it does not operate in the course of an hour and a half, take one ounce of castor oil. Drink all the time as much fresh, cool water as the stomach can bear or contain; that is, drench yourself with water. After taking the orgeat, if the stomach is well rubbed with ether, and an injection of about sixty drops of it is taken, you will find it an assistant to the orgeat; but this may not be necessary. Should the first application of the remedy not answer, repeat it the next morning, and there is no doubt your complaint will be removed. The worm will leave the patient all at once, and probably entire. This can be ascertained by finding the small end or head of it, which tapers off almost to a point.—*Dost. Med. and Surg. Journal.*

Dr. Richard Soule reports in the *Boston Medical and Surgical Journal*, of March 10th, a case of cure of tapeworm from the use of the seeds of the marrow squash, given in the same way as the pumpkin seeds.

5. *Large Dose of Opium taken by a Child, without Fatal Consequences.*—Dr. Hays related to the College the particulars of a case in which a child, not quite six years old, was given a powder containing seven and a half grains of opium with the same quantity of prepared chalk (the former having been, by mistake, substituted for rhubarb, which had been ordered). Dr. H. did not see the patient until fourteen hours after the powder had been administered. He was told that the child, after taking the medicine, had seemed much excited; this was followed by restlessness and drowsiness, which continued at the time of Dr. H.'s visit. No vomiting had taken place. The narcotism was at no time very profound: it gradually wore off, and at the end of three days had entirely disappeared.

Drs. Condie, Griscom and Paul mentioned several cases in which large doses of laudanum had been taken by children without serious mischief.—*Trans. Coll. of Phys. of Phil.*

6. *Effect of Occupation on Health.*—It has oftentimes been asserted that those exposed to severe labor in the open atmosphere were the least subject to sickness. This has been proven a fallacy by Mr. Finlaison, Actuary of the National Debt Office, in London. Of persons engaged at heavy labor in out-door exposure, the percentage of sickness in the year is 28.05. Of those engaged at heavy labor in-doors, such as blacksmiths, etc., the percentage of sickness is 26.64—not much difference, to be sure; but of those engaged at light occupations in-doors and out, the percentage of sickness is only 20.80, 21.58. For every three cases of sickness in those engaged at light labor there are four cases among those whose lot is heavy labor. The mortality, however, is greatest among those engaged in light toil, and in-door labor is less favorable to longevity than laboring in the open atmosphere. It is established clearly, however, Mr. Finlaison says, “that the quantum of sickness annually falling to the lot of man is in direct proportion to the demand on his muscular power.” How true this makes the assertion, “every inventor who abridges labor and relieves man from the drudgery of severe toil, is a benefactor of his race.” There were many who looked upon labor-saving machines as great evils, because they have supplanted the manual toil of many operatives. A more enlightened spirit is now abroad, for all experience proves that labor-saving machines do not destroy the occupations of men, but merely change them. Man is relieved from drudgery by the iron sinews of the machine, and his own are left to move more lightly and free in pursuing avocations demanding less physical, but more mental and noble exertion.

7. *Opium in Diseases of the Heart.*—In the wards of M. Trousseau have occurred recently two striking illustrations of the extreme danger of the use of opium in diseases of the heart. One was that of a woman, the other that of a man; in both of whom death followed suddenly after the exhibition of a moderate dose of this drug. In the case of the latter there were evident symptoms of disease of the mitral valves, accompanied by difficulty of breathing, ascites, and considerable cedema of the lower extremities. To relieve the breathing and the general feeling of uneasiness, the *chef de clinique*, at the urgent request of the pa-

tient, administered a dose of opium in combination with ether. Death almost immediately followed. This took place in the evening. On the following morning M. Trousseau, finding the patient's bed empty, inquired into the circumstances of the death, and the simple relation of what had taken place called forth the following remarks from the learned professor. First addressing himself to the *chef de clinique*, he said, in the plainest possible terms, "Sir, you have killed that man;" then turning to the students, he said: "Gentlemen, let these two cases be a warning to you, when in the course of your professional duties you may be called upon to treat patients laboring under diseases of the heart. Whatever you do, be exceedingly chary in the use of opium, more especially in advanced stages of these complaints, as by its exhibition paralysis of this organ is almost sure to follow." The same rule also applies to cases of pulmonary phthisis in their later stages. If the pulse be weak and the expectoration be accomplished with difficulty, the use of opium will produce but one effect, that of hastening death.—*Med. Times and Gaz.*, Feb. 26, 1859.

8. *Weight of Liver*.—Bartholinus reckoned the weight of the liver in relation to the whole body as to 1 to 36; Haller, as 1 to 25; Haller sets down the medium weight of it at 45 ounces; Cruveilhier, at 3 pounds; Huschke, at from 4 to 6 pounds. According to my observations, the relative weight of the organ, in comparison with the whole body, varies in healthy persons from between 1 to 17 up to 1 to 50.—*Frerichs*.

9. *Acetous Tincture of Cimicifuga*.—Dr. Kœhler, of Pennsylvania, proposes the employment of dilute acetic acid and alcohol as a solvent for the active matter of this valuable indigenous drug, as follows:

Take of black cohosh root, bruised, five ounces; dilute acetic acid, U. S., one fluid ounce; alcohol, eight fluid ounces; water, eleven fluid ounces. Mix, macerate fourteen days; express and filter. Dose, one to two teaspoonfuls.

He says: "After due trial I found this combination to answer better than any other form, and the neighboring physicians, to whom I gave the formula, express themselves as highly pleased with the acetated tincture of cimicifuga. It has been successfully employed in nervous affections, and as an alterative in various forms of rheumatism and uterine affections.

10. *Lead in Phthisis*.—According to Brockmann, no workman in lead suffers from phthisis pulmonalis, even if there is hereditary predisposition and phthisical conformation of the chest.

Is this not an indication for the use of the preparations of lead in consumption of the lungs?

Saccharum saturni (plumbi acetas) has been used in pneumonia, and pituitous catarrh, with good effects; and in the last stages of phthisis pulmonalis it has not seldom been given as the *ultimum solatium*.

The properties of the lead salts are precisely those that are indicated in these cases—antiphlogistic, astringent and sedative. In consequence of these properties, lead has been called the *narcoticum metallicum*.

11. *Contagion of Phthisis*.—Laennec one day, in sawing through some tuberculous vertebræ, injured one of his fingers; in consequence, there formed at the part a little tumor about the size of a cherry-stone, which was fixed in the thickness of the skin. In about eight days' time the skin broke and gave issue to a little yellow, firmish body, exactly resembling yellow tubercle. The wound rapidly healed, and Laennec never experienced any further inconvenience from it. In this anecdote Dr. Lamarre finds a confirmation of his belief that phthisis is contagious, and that Laennec inoculated himself with the disease of which he died.

SURGICAL.

12. *Treatment of Bed-Sores*.—M. Leclerc, physician to the Hôtel Dieu, of Lyons, France, recommends tannate of lead to prevent bed-sores. He prepares it in the following manner: oak bark, one ounce; water, eight ounces; boil down to four ounces; strain, and add liquor of the diacetate of lead in sufficient quantity until more precipitate is thrown down; collect the lather and spread a thick coating of it with the finger on the parts threatened with gangrene; the whole to be covered with a fine piece of linen. No eschar forms with this application, except in rare cases, when the wound, on the falling off of the eschar, is to be dressed with the same tannate of lead, to which turpentine may be added.—*London Lancet*.

13. *Descent of a Testis in a Child simulating Hernia.*—Mr. R. P. Bell relates (*British Medical Journal*, Feb. 5, 1859,) the following case, illustrative of the necessity of carefulness in diagnosis:

A fine healthy child, fifteen months old, was brought to Mr. B. by its mother, who supposed it to be suffering from a rupture, which had occurred a few minutes previously, whilst the child was standing on a sofa, when it suddenly screamed, and placed its hand on the body.

On examination, Mr. B. saw a protrusion, of the size of a walnut, at the right external abdominal ring, and found that the scrotum contained only one testicle. He explained the nature of the case, and merely ordered fomentation.

On calling to see his little patient two hours afterwards, he found him comfortably asleep, and the testis had completed its descent. The parents were not aware of the previous defect.

14. *New Method of Curing Hydrocele.*—This method, suggested by Dr. Simpson, at a meeting of the Medico-Chirurgical Society of Edinburgh, is founded on the fact that iron and other metallic wires, when placed in contact with living tissues, did not, as a general law, excite inflammation to a higher stage than that of adhesion, or the effusion of coagulable lymph. Dr. Rothmund, of Munich, performed the radical cure of hernia by exciting adhesive inflammation in the returned hernial sac, passing, for this purpose, and leaving for eight days, a metallic needle traversing the peritoneum; and had not, it was averred, lost a single patient out of 1,000 operated on. If metals in serous sacs create a higher stage of inflammation than the adhesive, such a fortunate result as this would not have been attained. Dr. S. had thought for some time that metallic wires passed through the sac of a hydrocele would act in two ways: first, they would drain off the fluid; and, secondly, they would subsequently, by their presence, form the surest means of exciting the subsequent amount of adhesive inflammation that was required for the cure of the disease. Dr. Young had, in one of his patients, afforded him an opportunity of putting this idea to the test. Dr. S. showed the society the slender wire or metallic seton which had been used in this case. It was passed through the sac by first traversing the sac from be-

low upwards with a long-handled surgical needle, such as is used in transfixing and tying hæmorrhoids, threading the eye of the needle, after it was projected through the scrotum above, with three or four slender iron threads, pulling the needle then backwards through the sac and out, and thus leaving the metallic seton in its place. The liquid drained off in an hour or two; adhesive inflammation set in, and progressed for two days, when it began to subside. The wires were removed on the third day; and the cure had remained apparently quite complete, with the vaginal sac firm and consolidated. Dr. Young had promised to publish the whole case at length. This method of treating hydrocele was, Dr. S. held, much simpler in its performance than tapping and injecting; not by any means so painful to the patients; less likely to produce a suppurative or dangerous amount of inflammation; and, perhaps, experience would show also, betimes, that it was surer and more certain in its results.—*Edinburgh Medical Journal*, Dec., 1858.

15. *Rapid Recurrence of Scirrhus of the Mamma.*—The question of greatest interest and importance in the removal of cancerous parts relates to the period of immunity from the disease which the patient may enjoy. This, on the average, would seem to be about two years, but sometimes the disease will recur in a much shorter space of time. At St. Bartholomew's Hospital, on the 5th of February, Mr. Lawrence amputated the left breast of a woman, aged thirty-seven years, for scirrhus, a portion of which had been taken away seven months before. The cicatrix above the nipple was healthy; both, however, were included in an elliptical portion of integument removed with the breast. The disease had implicated some of the axillary glands, which were likewise carefully extirpated. The patient was a stout, apparently healthy female, with a redundancy of adipose tissue.

On the same occasion, the right breast of a corpulent woman, aged fifty, affected with scirrhus for two years, was removed by Mr. Lawrence, together with a portion of the subjacent pectoralis major muscle, which had lost its usual healthy appearance. Beneath this muscle was found a gland of stony hardness, which it was deemed prudent not to leave behind. Both patients are for the present doing well.

OBSTETRICAL.

16. Dr. J. P. Hall, of Glasgow, Ky., reports, in the *Semi-Monthly Medical News*, of March 15th, the case of a negro girl eleven years, eleven months, and twenty-two days old, delivered, at full time, on the night of March 4th, of a healthy child, weighing six pounds eight ounces. The labor "was comparatively brief in its duration, and easy—no deficiency of pelvic amplitude or contractile vigor. The girl was better grown than girls of similar age usually are; with, of course, decidedly superior sexual development. Her weight was about one hundred pounds, stature four feet seven or eight inches. The catamenial function was established early in her eighth year, and continued to return with physiological regularity up to the period of her conception. As to the age of this girl, it is established upon evidence as incontestible as that of any other child, white or black, in the State of Kentucky."

17. *Stomatitis Materna, or Nursing Sore Mouth*.—From a paper in the *St. Louis Medical and Surgical Journal* for March, entitled "Observations on Stomatitis Materna, or Nursing Sore Mouth," by Prof. M. M. Pullen, we take the following: "In all these cases I have seen inflammation of the cervix uteri and of the superior portion of the vagina. In some of the cases there was more or less ulceration of the neck of the womb, sometimes accompanied with enlargement; in others, the neck of the womb was inflamed, with small granular elevations; sometimes the inflammation extended down the vagina to the vulva. In the report of the case furnished by Dr. Barker, and published in Dr. McGugin's report, it is stated that 'the vaginal mucous membrane was also ulcerated, and the labia were sore and excoriated. There was an abundant discharge from the vagina.' From the uniformity with which I have met with disease of the uterus, in stomatitis materna, I have concluded that it plays an important part in the production of the disease. I suppose that the affection exists prior to the sore mouth, and pregnancy or lactation, as the case may be, increases it to such an extent that the gastric derangement results, and this is followed by the trouble in the mouth. This view is supported by analogy. Diseases of the womb very often produce severe gastric derangement; often, too, stomatitis is produced by

gastric derangements, both in children and in adults; and moreover, I have seen sore mouth in females laboring under diseases of the womb and dyspepsia, when they were neither pregnant nor nursing a child.

"I have noticed that when a female has had nursing sore mouth with one child, and it returns with the birth of a second one, she has suffered during all this time with the symptoms of uterine disease; and if the uterine affection be cured, the disease does not return with a subsequent pregnancy or lactation.

"In view of these facts, in the treatment of stomatitis materna, I direct my attention to the condition of the womb."

18. *New Function of the Placenta.*—M. Bernard has discovered a new function of the placenta. "It is destined to perform the glycogenic office of the liver during the first periods of foetal development, before the liver has acquired its full and complete structure. The function is performed in the glandular or epithelial element, which is found in certain animals to be mixed up with the vascular part of the placenta; in the ruminant class this epithelial element exists separate from other parts, and so as to form plates of an epithelial character on the amnion. No doubt every observer has noticed these, but their signification has been hitherto misunderstood."—*Medical Times and Gazette*, Feb. 5, 1859.

19. *Cure of Sterility by Division of the Cervix Uteri.*—It is not uncommon to meet with women who have been married several years—who, like their husbands, are very anxious for a family, but who have never conceived. Such women often suffer extremely from dysmenorrhœa, and probably did so before marriage. This, in many cases, depends upon contraction of the canal of the cervix uteri—either at one part, or through its whole extent. When this is the case, division of the cervix, by Professor Simpson's hysterotome, is sometimes almost immediately followed by conception. A case in point was seen last week at the Samaritan Hospital. A woman had been eight years married without a family, and as she had dysmenorrhœa, and the canal of the cervix was so narrow that a small sound passed with difficulty, Mr. Spencer Wells divided the cervix on both sides freely quite through. An oiled cotton plug was used for some days, and the woman was lost sight of. This was two years ago; but she brought a child

thirteen months old to the hospital last week. Conception followed the operation so rapidly that we may look upon it as the effect, especially as the case only bears out Dr. Simpson's previous experience.—*Med. Times and Gaz.*, Jan. 1, 1859.

20. *Hysterical Pain in the Knee*.—At St. Bartholomew's Hospital, Mr. Skey has under his care a curious and instructive case of hysterical pain in the knee. The patient is a girl of seventeen, who was admitted on the 30th of December, with a most agonizing pain situated in the left knee-joint, which had existed for five weeks. The slightest touch caused her to cry out, and she evinced great anxiety and fear even before the limb was actually examined. With this dreadful pain, there were no symptoms whatever of any real mischief going on in the articulation itself. She had not menstruated for three months, but was otherwise healthy, though of delicate complexion and nervous temperament. Mr. Skey had the girl well supported with wine and good nourishing diet, and an opium lotion was ordered. This treatment seems to have greatly mitigated the pain. Every surgeon is aware that in women the hysterical condition gives rise to an amount of pain which is never present as the actual result of organic disease itself. In this girl, who was under the impression that something very active was being done for her, the pain has subsided, and the joint still retains the natural and healthy condition which it had on her admission. A cradle was at first used to protect the joint; it is now dispensed with, and the weight of the clothes upon it is borne without inconvenience.—*Lancet*, Jan. 15, 1859.

21. *Scarlatina after Parturition*.—Dr. McClintock read a paper before the Association of the Fellows and Licentiates of the King's and Queen's College of Physicians in Ireland, (Feb. 2, 1859,) on the occurrence of scarlatina within eight days after confinement. The mortality in such cases has been put down as two out of three, or over sixty-six per cent. Of twenty-eight patients treated in the Rotunda Hospital, seven died, or about twenty-five per cent. Dr. McClintock considered the advent of this exanthem supervening on delivery one of the most fatal complications of the puerperal state. The earlier the appearance of the rash, the more fatal; the same rule having applied to puerperal fever, whilst epidemic in this city, in 1854 and 1855. He referred to

the peculiar acceleration of the pulse in these cases, to the eruption being occasionally tardy in evincing itself; and, as regards the treatment, his experience leads him to attach great importance to the early exhibition of stimulants in these cases.—*Dublin Hospital Gazette*, Feb. 15, 1859.

D E N T A L .

22. *Severe forms of disease arising from retention of Decayed Teeth.* By Mr. CLENDON, Surgeon-Dentist to the Westminster Hospital. (*British Medical Journal*, June, 1858.)—After describing very graphically the ordinary effects of diseased teeth, Mr. Clendon proceeds to speak of some of the more extraordinary effects—disease of antrum, fungoid tumors of the gums, facial neuralgia, facial paralysis, and spasm in certain forms, etc. These remarks are illustrated by cases, and of these we take one as well worthy of notice.

Case 7.—Abscess and Paralysis of the Face.—R. W——, æt. 34, harness-maker, gave me the following history: “In January last (1857), I felt pain in the ear, which began to discharge; then an abscess formed in front of the ear; this was lanced at the Northern Dispensary, and it continued to discharge freely for a week or more. Having lost the hearing on that side, I went to the Ear Infirmary in Soho Square for two months, without any benefit. Discharge of the abscess through the ear continued until December. I then first began to feel severe pain when I attempted to move the jaw; this was followed by inability to close the eye, or to put out my tongue. In that state I came to this (the Westminster) hospital, in January last, and was admitted under the care of Dr. Reynolds.”

From the constant pain and tenderness on pressure, Dr. Reynolds, suspecting some local cause of irritation, sent him to me, in order that his mouth might be carefully examined. When I first saw him, there was great difficulty in opening his mouth; severe pain in the condyle when he attempted to move the lower jaw, and on pressure being made in that direction; he was unable to close the eye-lids, to contract the orbicular muscle of the eye, to inflate the cheek, or to protude the tongue beyond the front teeth, gasping when he endeavored to do it. On attempting to

whistle, the mouth and nostrils were drawn to the opposite side ; the external meatus of the ear was so contracted, that a fine probe only would pass ; and through the orifice, on pressure being made on the cheek, pus oozed out. He had no toothache, nor decayed tooth, that he knew of ; but I found the teeth on the affected side incrusted with tartar, from want of use. This to me is always a suspicious circumstance. He attributed it to pain in the hinge of the jaw in eating, and to his inability to remove the food from the cheek, owing to the paralysis of the muscles. On passing a curved instrument under the gum between two molar teeth, he felt some pain in one tooth, and, repeating the experiment with the same result, I determined to remove it. There was a cavity in it, quite out of sight, and almost out of reach, through which, I have no doubt, air had from the first freely passed, and given rise to all the mischief. On washing out the mouth, he at once expressed a sense of relief ; found he could open his mouth easily ; and to the surprise of all present, he could protrude his tongue to the full extent without any apparent effort, and also partially close the eye. The relief might be described as instantaneous. The inability to contract the muscles of the mouth, to inflate both cheeks, and raise the angle of the mouth, still continues ; and, although it is asserted that in the severest lesions the nerves do not slough, I nevertheless expect some branches of the portio dura have been destroyed in the long-continued abscess, and that loss of power in some of the muscles, as well as of hearing, on that side, are permanent and irremediable.

The paper concludes with the following practical remarks :

“ Now, in all these cases, whatever the symptoms, and whether the pain be severe, mitigated or altogether absent, there is throughout but one indication—namely, an effort of nature to get rid of the offending body, which we, if we would endeavor wisely to assist and second, instead of to counteract her, ought at once to seek out and remove.

“ But here is the difficulty. The patient has a dread of the operation, and will run all risks, submit to any course of treatment, or any amount of suffering, rather than undergo it. An old lady of seventy once told me that, from her earliest recollection down to the period when the last remaining tooth had worked its own way out, she had seldom been free from pain for a month

together ; and yet she could never summon courage to submit to the operation of extraction. In her own emphatic words, 'she felt she must die first.' But in severe cases, where there is great tenderness or pain, or where the operation would be more than usually painful and difficult to perform, chloroform will deprive the patient of all excuse, and prove a great blessing. It allows the practitioner to open and examine the mouth carefully, perhaps for the first time, and then, at his leisure, to seek for and remove all that he deems necessary. It is true that, owing to some few casualties, which from the first I anticipated, some persons have as much dread of chloroform as of the operation itself ; but my experience in some 3,000 cases, taken indiscriminately, and extending over a period of more than ten years, satisfies me that, although, like all powerful agents, it is dangerous if misused, it can always be given with safety if administered with proper care. I can truly aver that, until the other day, when, in a case of protracted operation at the shoulder-joint, much blood being lost, syncope came on while the patient was fully under the influence of the chloroform, but which was detected and counteracted on the instant, I have not had one case which, during its administration or subsequently, ever gave me a moment's uneasiness.

"Often, however, there is another difficulty ; and that is on the part of the practitioner. Perhaps he examines the mouth, and ascertains the cause of the pain to be the root of a tooth broken off and buried deeply in the gum, or he finds a number of roots clustered together, presenting no tangible surface for the grasp of an instrument, and difficult to reach, even with an elevator. He sees they ought to be removed, but shrinks from the task ; to use a familiar phrase, 'he does not like the looks of them ;' and therefore recommends some palliative mode of treatment, and patience. In point of fact, from not feeling quite equal to the emergency, or wanting confidence in the use of the instrument, he is reluctantly compelled to leave his patient to an indefinite period of suffering, and perhaps to some of the evil results I have already pointed out. This abnegation of his legitimate functions, arising purely from want of confidence in himself, has notoriously had the effect of driving this department of surgery into the hands of unqualified and often uneducated practitioners, styling themselves *surgeon-dentists*, and affecting to consider the mouth as their own

legitimate domain, to which the surgeon has no claim. But, whatever the cause, the result is the same; for now the old story is repeated: the cheek swells, pus forms, and there is either a circumscribed or diffused abscess. This is poulticed, to promote absorption, or to assist resolution, as the case may be. Now, I can not too forcibly insist that fomenting the cheek under such circumstances is the most erroneous step of all; for, should the abscess point outwardly, there will be a sinus from which pus may continue to flow, perhaps for a year or more, as long as there is any root or carious bone to exfoliate, leaving, when healed, a deep pit or cicatrix in the cheek, which disfigures the patient for life. This is not a pleasant alternative for a man, but a very serious drawback to a woman, in the preservation of whose good looks we all feel a natural interest. The tooth should be removed, when the pus will immediately flow through the aperture made; or, failing that, hot water, or hot bread and water fomentations, should be used *in* the mouth; and, as soon as possible, the abscess, however deeply seated, should be opened freely through the mucous membrane, and the pus allowed to escape *into the mouth*.

“In conclusion, I think no one will deny that it should be a part of a medical man’s education to know how to deal with such cases; and I trust that all you who have kindly gone with me through these observations will have felt their interest and importance; and, seeing how much suffering and mischief may spring from so small a cause as a diseased tooth, you will sympathize in my earnest wish to obtain the diffusion of more enlightened views on this much neglected, and therefore little understood, department of surgery. Every day confirms my experience of its necessity, and strengthens my desire to see it accomplished. Many complaints that come under the notice of the practitioner as diseases of the body, are, in reality, diseases of the teeth. It is clearly impossible to treat the body as a whole, if we are ignorant of its parts; and I will venture to say there is no part much more widely or universally affecting the general system than that of the teeth.”—*Ranking’s Abstract*.

Dr. ACKLEY, for many years a surgeon of Cleveland, died in that city on the evening of Saturday, 23rd ult., after a brief illness.

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Original Communications.

ARTICLE I.—*Introductory Lecture upon Military Surgery.** By
CHARLES S. TRIPLER, M.D., Surgeon U. S. Army, Newport,
Kentucky.

GENTLEMEN :—During the last session of this college, by the invitation of your Professor of Surgery, I had the honor of addressing the class some half a dozen times upon various subjects in military surgery. These discourses were necessarily very desultory and imperfect, as they were simple, unpremeditated efforts, without adequate preparation or elaboration. An invitation to repeat these lectures having been extended to me, I have consented to do so, and shall therefore address you from time to time, as my engagements and your leisure will permit; hoping to interest you in this department of our common profession, and to profit you as well as myself by the labor this duty will impose.

It is to be regretted that a chair of military surgery has never been instituted in any of the colleges of the United States. I suppose, if my occasional remarks of last winter can be called lectures, they were the first ever delivered upon this branch of surgery in this country. We are, however, not so far behind our

* Delivered at the Ohio Medical College, at its session of 1858-59.

relatives over the water in this respect as might be imagined ; for, with the exception of the chair in Edinburgh, and one in Dublin, I do not know of any that have been officially recognized. Still, the labors of Hunter and Guthrie and others have not left the field entirely uncultivated.

Recent events, however, have so aroused public attention to the necessity of a well organized and thoroughly instructed sanitary corps in every army, that we have reason to believe, ere long, no reputable college will be without such a chair. I shall not pretend, gentlemen, to offer you anything like a complete course of lectures upon military surgery. Such a course would occupy much more time than I have to spare, and would require, to meet my views of what it would exact, a full year's undivided labor in its preparation. For obvious reasons, I can not devote so much time to it. It would give me great pleasure to do so, were it compatible with my public duties ; but it is not. I shall endeavor, however, to touch upon the most important points.

In the history of the world, the wars waged by the several nations upon each other are the salient points ; they fix the dates to which chronologists refer all other events, and they are the landmarks of each advancing step in the world's progress. For a thousand years we hear of nothing but fighting men among the myriads composing the armies engaged in these wars. Of the present well ordered staff departments for supplying the wants of the troops in the field, we find no trace in the armies of old. Every man was his own quarter-master and subsistence officer. But the military surgeon early finds a historian and a poet to record his worth ; and just in proportion to the civilization and cultivation of the age has been the degree of honor and estimation in which he has been held.

I shall not occupy your time in tracing the history of military surgery ; that has already been done by abler hands. But I can not forbear, by way of justification of the remark I have just made, to recall to your memories the sensation produced in the Greek host before Troy, when it was known that Machaon was wounded, and of the care with which he was removed on ship-board from the field. This was in the heroic age of Greece, when Agamemnon, and Achilles, and Ajax were the leaders, and Nestor and Ulysses the counselors of her armies ; and which could

find in Homer alone a poet qualified to celebrate their achievements. Of the army surgeon Homer thus speaks :

“*Ἰητήρ γὰρ ἀνὴρ πολλῶν ἀνταξίος ἄλλων,*”—

miserably and inequately rendered by his translator :

“A wise physician, skilled, our wounds to heal,
Is more than armies to the public weal.”

If we pass to the age of Henry V., and thence on, including the reign of Elizabeth—an age of midnight darkness—and at the latter period just emerging into dawn, we find the army surgeon a miserable leech, the peer of drummers and fifers, and, as a necessary consequence, the lives of the soldiers in the hands of a pack of vile cheats and quacks. “I remember,” says Gale, “when I was at the wars at Muttrel, in the time of that most famous Prince, King Henry VIII., there was a great rabblement there that took upon them to be surgeons. Some were sow-gelders, and horse-gelders, with tinkers and cobblers. This noble sect did such great cures that they got themselves a perpetual name ; for, like as Thessalus’ sect were called Thessalians, so was this rabblement, for their notorious cures, called dog-leeches ; for in two dressings they did commonly make their cures whole and sound forever, so that they neither felt heat nor cold, nor no manner of pain after.” He goes on to tell us that the Duke of Norfolk caused him and some other surgeons to inquire how so many men perished of such small wounds, when the knavery of this rabblement was detected, and they were imprisoned and threatened to be hung for their misdeeds. If the Duke of Norfolk and his master had been hanged for *their* misdeeds, in committing the care of their wounded to such men, justice would have been more fully vindicated. For when such abuses exist, those in authority are, in my opinion, alone responsible. But the fact shows the degraded status of the military surgeon at that period ; and this not of necessity, for Gale himself was a competent and an eminent man, and had many worthy compeers. And we must recollect that Henry V. could employ, with a suitable stipend and suite, a competent surgeon to see to his *own* person, while his subjects were left to the mercy of the sow-gelder. Indeed, for selfish purposes, the basest of tyrants have seldom failed to appreciate the military surgeon. Even Charles IX., of France, while indulging per-

sonally in the agreeable pastime of shooting Huguenots, at the massacre of St. Bartholomew could take efficient measures to preserve the life of Parè.

“ It was not, however, until the wars in which France was engaged, between the years 1732 and 1743, that the subject of military surgery began to assume its present systematic form. Hitherto the States of Europe had been content to enjoy the benefits of the labors of military surgeons, without having taken any direct part in the honor or advancement of this art.” * From that time to this, keeping pace with the progress of science, literature, and civil liberty, the department of military surgery, as an essential element of the military body, has been increasing in interest and importance, the sphere of its duties and scope of its authority constantly extending, its resources and usefulness regularly developing themselves, as one disability after another has been removed, and although it has not as yet reached the position necessary to secure its highest degree of efficiency, still events are rapidly advancing toward that consummation. I verily believe the day is not far distant, when to this department will be conceded by universal assent a military position and importance, second to none among the staff departments. The experience of the nations of the world, within the last fifteen years, has demonstrated the necessity of its emancipation from its absurd and irrational dependence upon other coördinate branches of the service. The moral courage of Florence Nightingale has shown the practicability of this, and its entire congruity with necessary military discipline. Humanity, the age, public opinion, political necessity, and true military policy and economy, are all converging to the same point. But before that time shall have fully arrived, a deal of prejudice and ignorance, remnants of a barbaric age and system, traditions of military hierarchies, developed under military organizations, as antagonistical to our own as the poles to each other, will have to be overcome, by patient perseverance in well-doing, and by demonstrating, from the statistics of war and well ascertained facts and observations, that by erecting the medical department into a corps charged exclusively with the sanitary condition of an army, and vested with the military power to execute its functions, not only hundreds of lives of the common soldiers must be saved, but hundreds of thousands of dollars besides.

* Ballingall.

These facts and figures are now accessible. It remains to be seen what nation will first avail itself of the lessons they impart, and profit by the example they teach. The necessity for a thorough reorganization of the medical department of the British army so forced itself upon the attention of the British Government, by the events in the Crimea, that a committee of inquiry into the matter was instituted by the Queen. I regret that I have not been able, as yet, to procure a copy of their report; but from various notices of its result and purport that I have seen in the Reviews, I am persuaded that its facts, rightly interpreted and justly weighed, will force, even from that conservative Government, the speedy emancipation of their sanitary officers from the subordinate position in relation to all other officers in which they have hitherto been kept, and which has so crippled their efficiency, at the cost of thousands of lives and millions of money. But however reluctant those who sit in high places may have been, to admit the military equality of the medical officers, the estimation in which they, as a corps and as individuals, have been, and are held by the rank and file—the men who do the fighting and bear the suffering, in all armies—can neither be ignored nor denied. To the confidence inspired in the men, by the certainty that if wounded they will be zealously and ably cared for by their surgeons, *how much* of the bravery they show in the fight may be attributed? Sir George Ballingall tells us that in such repute was Parè among the French soldiers, “that we find their princes and generals willingly took the field, when they could prevail upon Parè to go out with them; and at the time when all the noblesse of the kingdom were shut up in Mentz, which was besieged by Charles V. in person, at the head of 100,000 men; they sent an embassy to the king, their master, beseeching him to send Parè to them. An Italian captain, for a great reward, introduced him into the city. They instantly sent, at midnight, to awaken the prince who commanded the garrison, with the good news of his arrival. The governor begged of him that he would go out next day, and show himself on the breach. He was received by the soldiers with shouts of triumph. ‘We shall not die, though wounded—Parè is amongst us.’ Mentz was at this time the bulwark of France, and it has always been ascribed to the presence of this single man, that they kept the city, till the gallant army that lay around it perished beneath its walls.”

In the British army in the Crimea, that the same feeling obtained, we have a witness in Mr. Rawlinson, a civil engineer, sent out by the British Government as a member of the sanitary commission. "Having been wounded, he had to be surgically treated in the front—an opportunity which a civilian rarely obtains, or is anxious to obtain—and he says, 'I can state, that in the division in which I lay, from the officers to the men, the medical officers, if I may use so strong a term, were almost worshipped and idolized.' And again he says, 'I cannot find language strong enough to express what I think of our surgeons. I thought they were laboring under some disadvantages, and I do not think they are in a right position in a regiment. I do not think their feelings for their men are consulted sufficiently.' " *

If it were becoming, or necessary, I might corroborate all that Mr. Rawlinson has said, from my own observation. In our own service, the medical officer has no reason to complain of the estimation in which he is personally held, by either officers or men.

But, although we have taken one step in advance of any other nation, in the right and only direction to promote his military efficiency, this very step ran counter to so many time-honored but worm-eaten traditions and prejudices, and provoked so much opposition, that the very limbs that took that step were half palsied by the effort, and now shrink in hesitation and doubt from the one step still remaining to be taken to reach the goal—that of the greatest efficiency the state of medical science will admit.

The necessity for a systematically organized sanitary corps, as an integral element of an army, all nations admit; and all have endeavored, in one way or another, to secure that element, and to make it as efficient as possible; and all, without exception, have failed in making these corps as efficient as the confessedly able personnel composing them is capable of being made. The reason of this failure, to my mind, is obvious. It is, that in these organizations governments have attempted to combine incongruous ideas—like certain equations in mathematics, that give imaginary roots, thus showing that incompatible conditions have been introduced into the problem. They are expected to keep the troops in health, and are denied the necessary authority to enforce obedience to the measures indispensable to that end. The radical

idea in their organization seems to have been, to provide a body of medical men to prescribe for the sick, and perform the necessary operations upon the wounded of an army; and for that purpose alone, *any* plan of organization is sufficient—in fact, none whatever is necessary. To employ any competent physician, as individuals do in civil life, would answer this requirement. This, however, is but part—and that the less important part—of the duty of the military surgeon; and if this only were attempted or accomplished, neither the public expectation nor the demands of the service would at this day be satisfied.

Within our own times, the improvements in the matériel of war have effected almost an entire revolution in the profession of arms. To the exercise of ingenuity and talent in the construction of fire-arms the warmest encouragement has been constantly extended by all governments in Christendom, and by none more liberally than our own. Our own countrymen have contributed their full quota to these improvements. The percussion lock for ordnance, the repeating pistol, and what is called the Paixhan gun, are our own inventions. Improvements in pontons, for crossing rivers, and increased facilities for transporting troops and supplies, have also sprung from the active and fertile minds of our military men. We may say, generally, that we are not a whit behind any nation in anything required for attack or defence; and (without boasting) we may add, our arms have been as successful as those of any other nation, whenever an occasion has called for their practical exercise.

But however perfect and efficient may be our military engines, and however complete our facilities for the speedy transportation of troops and supplies, unless the *men* who are to use and give effect to these engines are correspondingly effective, our workshops will only be employed to furnish our enemy with the means of annoying ourselves. And *here* is the great and important duty of the medical corps: to *keep* the personnel of the army in effective working order—to preserve the health of the troops—to guard *against* sickness, not simply to treat it when it has occurred. What would be thought of the engineer who should neglect the means of keeping his works in order, by the timely use of all the means that science, experience, and skill afford, and should consider his duty discharged, by patching up a crumbling wall, or

repairing the effects of decay ? The ordnance officer is expected to keep his arms in order, as well as to repair them when injured. The quarter-master must keep his means of transportation in order, as well as repair defects in them, the result of accident or service. But of what use are all these things, unless the men to use them are kept in condition to use them effectively ?

Now I maintain that an efficient sanitary system can be instituted and conducted only by the corps of medical officers, and that for this purpose these officers must be provided with the military authority, and the means to execute the measures they know to be necessary to secure this grand object.

It is not necessary for me to go into an argument to prove to medical men that outside of the medical profession there is no class of men who make the laws of hygiene a study, or who are competent to adapt and apply the laws of health to the ever-varying circumstances and emergencies that beset an army in the field. It will not do to say that the medical officer can suggest to the officer in command his hygienic plan, and *he* will give the necessary orders to carry it into effect. The best and plainest sanitary system has still in it so much that is incomprehensible to any but the professional man, that it cannot be made plain to any other ; and, however well disposed an officer may be to institute and carry out such a plan, he cannot do it intelligently. Moreover, a modification of the details of the system may become necessary at any moment, from unforeseen circumstances ; some parts of it may prove to be impracticable, without grave inconvenience ; and in this emergency the professional man only can judge whether it may not be neglected without injury to the general design, or, if it be absolutely impracticable, what substitute can be found to remedy or prevent the evil that will probably arise from its neglect. The details of the sanitary system must be superintended by the sanitary corps ; and for this purpose its officers must be clothed with military rank of a grade sufficient to defend them from the interference of other officers of a lower grade.

There are some propositions that seem, when stated, to be so clear and indisputable, that by almost general consent they are set aside as demonstrated truths, and therefore not fit subjects for examination or discussion. Among these is the proposition that the commanding officer of a body of troops must command all persons serving with that body of troops. To this dogma we

owe it that the medical department of the army has never yet been in a position to fulfil its natural mission. Tradition and established usage, among the nations of Europe, have given this dogma its currency; and without any investigation of its logical truth or its necessary results, so far as the medical department is concerned, it is now held and applied in direct violation of a law of Congress by our military men. The spirit of the age, however, is at last disturbing the ancient, solitary reign of these dust-covered antiquities, and the world is no longer disposed to put up with mischievous practical results for the triumph of ideas, however venerable they may claim to be. Statesmen disturb and brush them away without the slightest remorse, when they stand in the way of political progress. "Our veneration for what has been," exclaims an eloquent Senator, "is too frequently made the excuse for what is; we are too ready to suppose that what has *been* done, has been well done and ought to be done again." *

I am not one of those who are disposed to claim that all innovation is improvement; on the other hand, I would insist upon cautious deliberation and the most thorough investigation, before I would consent to an important change in the economy of any public institution. But when a change is proposed claiming for itself that it is an improvement, I do not consider it is a sufficient reason to condemn it, to say "that they don't do so in Europe." The timid reluctance with which any innovation was ventured upon, in our service, that had not received the sanction of European precedent or example, is, I think, gradually wearing away; and whenever such example is now appealed to, it is usually to sustain some favorite project or design; and to this end, that particular nation is selected whose practice chances to correspond with the views of the projector; for among the whole number of kingdoms and empires of the old world, two can seldom be found whose systems coincide exactly as to any given point. The United States is now old enough and powerful enough to select and construct its own systems, whether civil or military; and while we would not refuse to avail ourselves of an improvement because it was European, we would not perpetuate an error for no better reason. While we would avail ourselves of their experience to increase the efficiency of our own institutions, we would also be warned, by the same experience, to avoid their mistakes.

* General Cass.

A glance at the military position of the medical officer in the French and English armies, during the war in the East, and a comparison of the results of the two systems, will serve to illustrate our views.

In both armies the medical officers were without military rank : they had rank assimilated to other officers, which gave them certain privileges, as in the choice of quarters, for instance, but they were entirely subordinate to the officers in command, whatever might be their rank. The British medical officer, however, had command of the orderlies in his hospital, regulated its police and had authority to carry out his own orders, as regarded the treatment and subsistence of the sick. The apothecaries were also under his control. In the French army the medical officer simply prescribed for the sick, performed operations, etc.; but had no control whatever over the nurses, the cooks or the apothecaries. He had no military authority over the men in his hospital ; was not responsible for its good order or its discipline, and could only indicate to another officer what he considered to be necessary in any of these respects. This officer is called the Military Intendant. He is generally an ineffective officer of the line, who is incapable from age, wounds or other disability of doing duty with his corps. He, however, has military rank, and is hence qualified to perform duties about which he knows little and frequently cares less. It is by his orders and under his authority that the nurses are kept at their duties, the patients are kept quiet in the wards, the police of the buildings preserved, etc. The French system is very elaborate and is regulated to the minutest detail. In theory, it seems to be almost perfect, and contrasted with the British, where little seems to have been prescribed except that the surgeon should not spend any money, should see to the sick and wounded, and be subordinate to the military hierarchy, it is well calculated to excite admiration and invite imitation. But when we look into the results of the two systems, as developed in the late war in the East, we shall probably hesitate before we accord the French system the one, or sanction it by the other. The English are a *practical* people, and will not long allow a bad system to prevail when their native good sense shows its defects ; and with all their conservatism and veneration for established custom, they seldom hesitate long in tumbling any institution over, if it is found to

stand in the way of a practical good. So in Scutari and the Crimea, the lumbering old machinery of their venerable supply system was not long suffered to obstruct the effective administration of their hospitals, when the emergency demanded that it should be disregarded. And when the effects of consecrated error were made palpable to the public sense, they lost no time in taking steps to remedy that error, and to devise means for avoiding it in future. The French, on the other hand, abided by their beautiful theory, and found themselves, in consequence, under the absolute necessity of making peace when they did, because their army was so crippled by disease that they could no longer keep the field. The results of their military medical system, so far as regards the effectiveness of their army, reminds us of the scientific tailors of Laputa, who cut all their coats by the use of the sextant and theodolite, but yet Captain Gulliver says he never saw such ill-fitting garments in his life. To the statistics of the armies I appeal for my facts; and I must here state that honest, truth-loving John Bull confesses the whole truth, while imaginative, theoretical France, under cover of terms perfectly unintelligible outside of France, endeavors to conceal the significant facts that explode her system. Enough, however, is exposed to show the radical defects of that system, and at how great an expense of men and money the absurd notion that the fighting men must have complete control of all the varied employments that make up the military whole, have been maintained. By a lucky chance, with a thoroughly disintegrated army, they escaped from a most perilous position; and as regards the most important element of their embarrassment, so far as we know, they have learned nothing.

But to the facts; and I wish you, gentlemen, in listening to them, to fix your attention upon the figures, not only in reference to this matter, but also in relation to the frightful disproportion of the deaths from disease, and those from the effects of the shot of the enemy, in both armies; for nothing can illustrate, in more speaking language, the necessity of what I am contending for—the pressing necessity for an entire *remodelling* of the sanitary department of armies.

I quote now from Dr. Bryce, whose statistics were obtained from the director general of the medical department of the British army:

Total number of men sent to the East, - - - -	93,959
Deaths from wounds and injuries, - - - -	1,761
Killed in action, - - - -	2,685
Deaths from disease, - - - -	16,298
Number invalided, - - - -	12,902

The losses, then, from the casualties of battle, were 4,446, or about $3\frac{1}{2}$ per cent., while the losses from disease were 29,201, and of these 16,298 were deaths, or 19.22 per cent. Here is a ratio of deaths exceeding that in the Walcheren campaign, under Castlereagh's administration, and almost equal to the total number of sick at the close of Pringle's campaign, in the same country, which he tells us was "above 4,000, or somewhat more than one-fifth of our whole number." But in the Walcheren campaign the loss was due to endemic disease, the aggravated bilious fevers and dysenteries of low and marshy countries. While in Turkey and the Crimea, Tuffnel says, "England landed 93,901 men, of whom 30,000 were lost to the country or invalided within the short period of eighteen months; and of these only one of every thirteen admitted into hospital was placed there in consequence of wounds. Of those who died, comparatively few were carried off by epidemics; the rest perished by disease which was capable of mitigation, if not entirely of prevention." Of the 23,392 English in the Crimea, 12,025 were sick in January, 1855; exceeding by 658 the number fit for duty; and in February of that year there were 427 deaths in the hospitals at Kulalee and Scutari. But fearful as this decimation of the British force appears to be, we shall find it very materially exceeded by that of the French.

According to an official return published in the *Moniteur*, and by order of the Emperor, there were taken to the East: 309,268

Lost there, - - - -	69,299
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There should have been left, - - - -	239,969
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But there reëntered France and Algeria, - - - -	227,135
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Leaving, - - - -	12,834
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who are not accounted for at all.

In this return the number of the killed in action is not distinguished from the deaths by disease. In addition to the deaths, however, there were invalidated 65,069 during the war.

Comparing as near as this imperfect statement will admit, we find the relative loss of the two armies to have been :

	ENGLISH.	FRENCH.
By death, - - - - -	22. 7	22.99
By invaliding, - - - - -	17.34	21. 4

The English had two-thirds, and a little more, of their total number in the East, at the close of the war, while the French had less than one-half.

Dr. Bryce has severely criticised and successfully impeached the accuracy of the French return. He has shown that, in the month of March, there were more than thirty thousand men in the ambulances in the Crimea, and in the hospitals on the Bosphorus, who were rated as effectives by the French minister. But we have still the significant fact that but one-half the French army was left in the East at the close of the war, while the English were able to muster more than two-thirds of theirs.

But we find this further important fact: the British losses attained their maximum in the *first half* of the campaign, and then rapidly diminished till the close of the war, leaving *that* army in a better fighting condition at the *end*, than in the *beginning* of active hostilities; while with the French the very reverse is the fact; so that it has afforded Dr. Bryce the means of demonstrating that the peace of April, 1856, was a political necessity for France. Her army was rapidly becoming one vast hospital. That this deplorable result was but the natural consequence of the military Intendancy system of France, or, in other words, of the usurpation of medical functions by officers totally ignorant of hygiene, and who by virtue of the military authority they possessed, disregarded the suggestions and even entreaties of scientific men, I shall attempt to show by their *own* writers. I quote M. Baudens:

"It is undeniably a pernicious practice to crowd sick tents and huts into a confined area. Granted, that the exigencies of the service necessitates such a proceeding in the Crimea, but the same overcrowding took place at Constantinople, where ample space was available; and it is to this condition of the hospitals that I ascribe the persistence of cholera, and the prevalence and ravages of typhus and hospital gangrene within them. When the surgeon asked for more room, it was answered, that facilities for carrying on the ordinary work of the place deserved the first consideration;

and hence, in order to economize a few paces, in passing from one hut to another, the most simple and self-evident laws of preventing diseases were violated. Besides, the surgeon was not even *consulted* respecting the situation for a hospital; and it happened that, at Constantinople, one was placed in the immediate vicinity of a marsh, and had to be abandoned because of its febrific emanations." "But the army medical staff and the Intendance functionaries rarely interpreted the phrase '*overcrowding*' in the same sense. The latter stuck to the strict letter of the military rule; so long as a patient had the regulation allowance of cubic feet, overcrowding was an *impossibility*; while the physician saw it to exist from the moment when disease is aggravated, and its fatality augmented by reason of too many sick being congregated within a given space. It was under these circumstances that our English ally offered to us the aid of their personal and material resources. General Storks proposed to build and completely furnish for us hospital accommodation for a thousand patients, for whom he would also undertake to supply food and medical attendance."

Gentlemen, can any Frenchman read the last paragraph without a blush? Would the people of the United States tolerate, for a moment, such a military sanitary system in their own army, fraught with such certain disaster, suffering and death to their own volunteers and soldiers, if they knew of its existence? and that, in order that the venerable old idea of the unrestricted subordination of the medical to all other officers should be perpetuated, even among us, who have no princes of the blood, no dukes nor lords in our military hierarchy, and in spite of common humanity and common sense?

Look again at the candid confession of Baudens as to the police, etc., of the French hospitals—matters that the Intendants *were* capable of attending to, and which they would have been *compelled* to attend to, had they been, as they should have been, under the military authority of the medical officer:

"The English hospitals were remarkable for cleanliness. We have seen that this quality did *not* exist in ours. The difference is partly due to the higher and more independent military position which the English surgeon holds, and which entitles and enables him to exercise greater authority in hygienic measures. His ordinary sick diet table is more ample and varied than the

French, and the surgeon can order what extras he thinks proper for the sick. Indeed, the English camp was abundantly provided with stores and comforts of all kinds; to which circumstance is to be ascribed its preservation from scurvy and typhus in 1856. When we compare the conditions in which the English soldiers were placed at the commencement of the war, which took them unawares, with those in which they were in 1856, we are forced to acknowledge the greatness of the British nation."

And with regard to the condition of the French army at this time, Baudens again exclaims: "We were threatened with a certain and frightful disaster. It was necessary to devise measures and to act promptly, under penalty of being reduced to impotence—the safety of the army was at stake." Baudens had recourse, in this emergency, to direct and fearless representations to the Emperor himself, who had the good sense to give him ample, but an exceptional authority; and thus he was enabled to arrest the evil and save thousands of his fellow soldiers. Had the medical corps been endowed with a suitable military rank, these disasters never could have occurred. Hecatombs of French soldiers were ruthlessly sacrificed, the success of a campaign hazarded, and the honor of France compromised, in order that a sous-lieutenant of the line might be the military superior of M. Baudens, the physician-general of the army.

The contrast here is too marked to be mistaken. We have a French army taking the field, thoroughly appointed and prepared—its sanitary corps perfect in its organization, so far as theory could perfect it—its functions well defined, and, in order that its attention might not be diverted from what was supposed to be its true mission, no other duty was imposed upon them than that of prescribing for the sick; all military authority was denied it; and because military command was as necessary to the discipline of a hospital as to that of a regiment, a *line* officer, called the Military Intendant, was assigned to this command, with the *personnel* of the whole sanitary machinery under his control. Nothing, apparently, could be more simple and effective; and there are not wanting intelligent officers in our own service, who see in it so much to admire, that, if it were possible, they would introduce the same system into our own hospital establishment. Well, it had a fair field in the East, and for a while all went well. The British

troops for the first few months were fearfully afflicted by disease, while the French were singularly exempt; and the English press, and the English people, could scarcely find language strong enough to denounce the inefficiency of their own medical staff, and to contrast it most unfavorably with the French. But, gentlemen, at that time the British medical officer had scarcely any more authority than the French. His supplies were in the possession of the Commissariat, and to reach them a long routine of red tape ceremonial had to be gone through with, at the expense of time, opportunity and patience, in their effect paralyzing the best efforts of the medical officers. The evil became at last too aggravated to be borne; routine, precedent, and the military dogma were cast aside; supplies were seized upon, from the necessity of the case. The medical officers *assumed* the necessary military authority to save their men, and we find the British army coming out of the contest stronger in men, and in infinitely better sanitary condition than it was three months after it had landed.

And now what was the condition of the French? An eye-witness sums it up in a few telling paragraphs, thus:

“1. Two formidable epidemics—scurvy and fever—marked the beginning of the winter of 1855–56, both utterly ruinous to an army in the field, and *one* self-propagating to an illimitable extent, whilst the circumstances in which it acquired its first intensity continued to exist.

“2. That the invasion of such an amount of disease at the above period was *unexpected*, and during several months continued *unprovided for*, as regards surgeons, hospital accommodation, and furnishings, clothes and other necessities for the sick.

“3. That in these extraordinary circumstances, the forms and functions of the medical staff were as closely restricted as *a l'art de guérir*, and on questions affecting the hygiene of the troops, and management of hospitals, as strictly subordinated to the *intendance militaire* as they are at the Val de Grace; by which means *the destruction of the army was still further insured.*”

I think enough has now been adduced to show the pernicious results of the French system, and I cannot perceive how it is possible that a nation, not stricken with judicial blindness, can permit it to remain an hour. Whether the French have profited by their disastrous experience or not, I do not know; that the British

have done so, and essentially modified their system, I do know. The Queen has settled this matter by a recent warrant, in a manner which seems to have given satisfaction to the medical staff. As I understand it, it has given to the medical officer the same sort of rank that is accorded to other staff officers, and the same independent control of his special department. If it has not, it will fail of its full effect; for, as regards the officer himself, there will remain an invidious distinction between him and his brother officers, and hence dissatisfaction, discontent, and a sense of personal degradation will exist, thereby impairing his usefulness; and, as regards the service, any control *whatever* over the sanitary details of an army conferred upon an officer of any other corps, may at any time, through caprice, lack of judgment, or obstinacy, seriously impede the prompt and effective administration of the same, at the imminent risk of irreparable disaster.

Still, it must have required a strong and determined effort to break through, in such an army as the British, the authority of the old dogma, that an "officer must command or be commanded." A writer in *Blackwood's Magazine* has well remarked, "There is no doubt that it is extremely difficult, and in fact this difficulty is at the root of the whole of the difficulties of our army service, to get persons whose pursuits are not combative, to coöperate in military operations. The command and obedience to which our citizens are so little accustomed, are the vital spirit of an army. It is *sometimes* necessary, and oftener *natural*, that it should extend beyond the pure military body to whatever other class comes in collateral connection with it." And again, "The position and functions of the medical staff form the most important of all the matters to be adjusted between the combative and non-combative portion of our armaments."

We may remark paranthetically only, that the old distinction between *combatants* and *non-combatants*, as applied to the medical officer, has been roughly handled, and in not a few instances scouted as absurd, by officers of the highest rank in the British army. In our own army *they* are the *only* officers of the administrative branches of the general staff whose duties require them to be present on the field of battle. In the brilliant campaign of General Scott, in Mexico, the medical staff was the only one that had an officer killed or wounded. No officer of the quarter-master or subsistence depart-

ment was either killed or wounded. To any one who understands the meaning of terms, and the duties of these departments, to call one of them combatant in contradistinction to another, as a pretext for conferring military rank upon that one, and denying it to the other, the idea is simply absurd. We may say, as Cicero did of the Roman Augurs, "We can not see how two men, maintaining that opinion, can look each other in the face without laughing."

Lord Dalhousie, in a memoir upon the medical service appended to the report of the Parliamentary committee, remarks :

"There are several particulars in which the medical service as a body lies under great disadvantages, and which they regard, justly in my opinion, as grievances that ought to be removed. I refer to the inequality which now prevails between the position of a medical officer, and that of his brother officers, in respect of pension, honors and rank. I respectfully submit that such inequalities are founded on *no sound grounds of justice*, expediency or policy ; no *valid* reason ever has been, or can be alleged for maintaining them. Their effect is to depress the spirit of the medical officers, to depreciate a profession and class of service which ought to be held in the utmost respect, and supported equally from motives of prudence and gratitude.

"But the most galling, the most unmeaning and purposeless regulations by which a sense of inferiority is imposed upon medical officers, is by the refusal to them of *substantive rank*. The surgeon and assistant surgeon rank invariably with captain and lieutenant, but the rank is only *nominal* ; whenever medical officers and others are brought together on public duty, the former has no rank at all, and the oldest surgeon on the list must in such case range himself below the youngest ensign last posted to a corps.

"It is impossible to conceive how such a system as this can have been maintained so long on the strength of no better argument than that 'it has been, therefore it ought to be.' It is impossible to imagine what *serious* justification can be offered for a system, which, in respect to external position, postpones service to inexperience, cunning to ignorance, age to youth ; a system which gives a subaltern, who is hardly free from his drill, precedence over his elder, who, perhaps, has served through every campaign for thirty years ; a system which treats a member of a learned profession, a man of ability, skill, and experience, as inferior in position to a cornet of

cavalry, just entering on his study of the pay and audit regulations ; a system, in fine, which thrusts down gray-headed veterans below beardless boys."

It was the combined consideration of such facts as these, brought out and verified by the labors of the Parliamentary commission, both as regarded the intolerable injustice of denying to the medical officers a suitable but *positive* military rank, and as regarded the money and life loss, demonstrated to be the natural consequences of so injudicious a system, that has resulted in the royal warrant of October 1, 1858. In speaking of this warrant, Mr. Tuffnell remarked, in a recent lecture in Dublin, that it was the intention of Lord Panmure's government to make the medical service of the army as perfect as means could make it, so that it should be a credit to the country, and an object of desire to the whole medical profession. Mr. Tuffnell also showed that, "instructed by the events of the past few years, England has now taken steps for the husbanding of her physical power ; that she has been made aware that, even regarded merely in a pecuniary point of view, the most wasteful of all expenditure is the expenditure of men ; and that she now knows that there is scarcely any conceivable amount that it may be necessary to pay for what is required to preserve the health and efficiency of the soldier, that is not advantageously laid out."

I do not doubt that a sincere and honest effort has been made in the recent action of the British Government to remedy the evils that have been so forcibly shown to exist in the sanitary department of their army. The extent to which they have advanced in achieving this object, I hope will prove adequate to the end in view. The exigency that demanded action was unmistakable, and will not be satisfied with any temporizing expedients.

But whatever they may have done in their own emergency, their facts are ours as well as theirs. Let us profit by their example, without being slavishly fettered by their precedent. Inveterate habit in the abuse of terms has drifted us thus far unresistingly, with the notion that the commissary of subsistence who purchases provisions in Cincinnati for the subsistence of the soldiers, is a *combatant*, while a medical officer—(I use the language of a major general of the army, in speaking of a medical officer at Molino del Rey : "the last mentioned, when the men of his reg-

iment were almost deprived of commanding officers, assumed the duties of his fallen comrades, and was desperately, probably mortally wounded")—is *officially a non-combatant*!

The dogma of the necessary alternate of commanding or being commanded, that has been the fruitful source of so many mischiefs, and is at the root of the difficulty of securing the efficient coöperation of the different professions that are now combined in the organization of an army, has had its practical refutation demonstrated in our service by the experience of almost half a century. The law forbids the exercise of command, out of their own corps, to the officers of the engineers. Still, they are *not* subject to the orders of their juniors in the line. They can not command, nor are they commanded except by a superior; and what has been the result of this *assumed* military heresy? Let the world produce their superiors as an efficient and scientific corps! Their independence of all outside interference, and their being exclusively entrusted with the means of performing their own duties, has made them what they are, and the country has reaped the advantage of its wise legislation in regard to them. This is the only corps in the army that has any analogy with the medical, as regards scientific acquirements, specialty of function, peculiarity of administration, and claims to independence of action, because it is not all understood or comprehended by any other department. And I here assert, without fear of successful refutation, that the only possible means of reaching the maximum efficiency of the medical corps is by assimilating it by law in its military position to the corps of engineers. So long as we trifle, and temporize, and look to Europe for authority before we venture upon this self-evident, common-sense, practical plan, so long must the people of the United States agree to pay the cost in thousands of men and millions of money.

And now, gentlemen, in view of the important duties of the medical officer demanded by modern progress, it is plain that a corresponding degree and range of acquirement is necessary upon his part, before he can presume to undertake them. He has duties to fulfil in relation to the mass, and in relation to the individual soldier. For the first, a competent knowledge of the laws of hygiene is indispensable; among its dependencies, this science enumerates geology, meteorology, and chemistry. Without a

competent acquaintance with these difficult branches of science, the medical officer is neither fitted to investigate the cause of diseases, nor to devise means to obviate or to remedy their effects. For the second, he must be both surgeon and physician. He can select and cultivate no specialty; but in every department he must be ready to apply the resources of his profession whenever an emergency demands them. A superficial knowledge *may* pass a candidate through a scholastic examination, but it will avail him little before an army medical board, or the still more painful ordeal of the battle field. By his conduct here, he is to stand or fall, if he select the military branch of his profession. And, my young friends, if any of you shall hereafter receive a commission in the army of the United States, you will then be an officer, and you will be expected to be a gentleman. The integrity and honor of the officer of the army *is* and *must* be above suspicion. A lapse in either expels the offender from that small but pure community; and you will there find yourself the associate of a highly educated, cultivated and refined body of young men of your own age, the graduates of the military academy at West Point; and among your seniors you will be brought into intimate association with men whose names and deeds adorn the history of our country. To live in such a community, a young man must be fitted by education and acquirement to sustain himself in it. From no class of officers is more expected, as well in special as in general information, than from the medical officers. I would advise you, then, if you think of embracing this profession, not to do so until you have a competent knowledge of classical and general literature, and particularly of mathematical and mechanical science. You will certainly find use for them at every step in your military career. If you have neglected these branches of learning thus far, do not permit your professional pursuits to be interrupted by an attempt to acquire them *now*; but devote a year or two to them assiduously after you shall have left these halls. You will never regret employing the leisure that all young medical men have on their hands at the commencement of their career in the army.

I am admonished, however, that upon this occasion I have said enough. At a future opportunity I shall direct your attention to the special professional attainment necessary for the military surgeon.

ART. II.—*Poke-Root Poisoning: Two Cases.* By A. P. DUTCHER, M.D., Enon Valley, Pa.

Poke-root is an article frequently used in this vicinity as a remedy for chronic rheumatism, and it sometimes occurs that individuals are badly poisoned by it. Two cases of this kind recently fell under my notice. The patients were children, little girls, one aged four and the other six. They had been in the enjoyment of good health up till one o'clock P. M., March 6, 1859, when, without any known cause to the parents, they were violently attacked with vomiting and purging. These occurred almost simultaneously, at intervals of about twenty minutes. The dejections at first were simply undigested food and fecal matter, but as the vomiting and purging became more severe, they were composed chiefly of serum, blood and mucus. At three o'clock, the parents having become alarmed, sent for me. When I arrived I found the younger child was in the following condition: pulse very weak and intermitting; respiration spasmodic, and only performed at intervals of twelve seconds; the eye-lids were wide open, and the pupils dilated; the head very warm, but body and extremities cold and clammy; the countenance looked pinched, and although apparently insensible, yet when spoken to she would answer questions correctly; vision was so much impaired that she could not recognise any of her friends; hearing was but little affected. She complained of no pain, and when not racked with vomiting, desired us to let her alone.

The eldest girl was in about the same condition: pulse scarcely perceptible; respiration intermitting; the pupils dilated and insensible to light; skin cold and clammy; complained of pain in the bowels, was very restless; wanted to be frequently placed upon her feet, but had no power to maintain the erect posture. There appeared to be a general relaxation of muscular system. Her intellect was unaffected.

From the suddenness of the attack, and the peculiarity of the symptoms, I was at first considerably perplexed to make out a satisfactory diagnosis of their difficulty. But by instituting an inquiry into where they had been, and what they had eaten during the morning, the cause of their malady was manifested. A near neighbor had been suffering from rheumatism, and that morning he had prepared some tincture of poke-root, and while he was

engaged in slicing the root, the children had gathered some of the small fragments, and ate them. He was not aware of its poisonous qualities, and therefore did not caution them against it. When in the green state the root is rather pleasant to the taste.

We had no means of ascertaining how much they had taken, but the quantity was nearly sufficient to destroy life. The vomiting and purging were easily managed, by sinapism to the epigastrium, and the following, given in teaspoonful doses, every twenty minutes :

R Acetas plumbi, grs. viij.
Aqua font, f3j. M.

But its other effects were not so readily controlled. Its narcotic effect upon those great nervous centres, which are so intimately connected with organic life, did not give way till the middle of next day, notwithstanding I used every means within my reach to relieve them. The cerebrum was but little affected. Its poisonous influence was chiefly exerted upon the cerebellum and the medulla spinalis. The optic and pneumogastric ganglions were quite overcome by its paralyzing energy, and it was nearly two days before the sight, pulse and respiration were restored to their normal condition.

So far as I was able to judge, the loss of sight, intermitting pulse and respiration, and loss of voluntary motion in the lower extremities, constitute the principal and distinguishing features of poisoning by this root. From its powerful emeto-cathartic effect, we would naturally have looked for some gastro-enteritis, but fortunately there was not a symptom of the kind. If such excessive vomiting and purging had been produced by that favorite medicine of the Eclectics, *PODOPHYLLIN*, I should have expected that both of my patients would have died before two days, with inflammation of the stomach and bowels. I have seen cases of this kind produced by this very article.

The chief thing to be feared in the use of poke-root as a medicine is its narcotic effects. These are such that they should deter us from its employment in large doses, particularly as an emeto-cathartic. As an alterative in chronic rheumatism, given in small doses, it is sometimes very useful. I have frequently cured cases of this malady with it, when I have failed with remedies that are considered more reliable. I prefer giving it in the form

of the powdered root, *two grains* three times a day. If, after it has been taken a day or two, it produces any narcotic effect, I omit it for a day or more, and commence again with a smaller dose.

We might just observe here, that this whole plant has medicinal properties. A saturated tincture of the berries I have frequently found very useful, in syphilitic neuralgia and rheumatic ophthalmia. In painful hemorrhoids, a strong decoction of the leaves, injected into the rectum two or three times a day, is sometimes attended with the greatest relief. The root, when roasted in the ashes until soft, and then mashed and applied as a poultice to glandular swellings, felons and other painful swellings, has scarcely a rival in the materia medica. It will discuss them rapidly, or, if too far advanced, cause them to suppurate much sooner than any application I am acquainted with.

Proceedings of Societies.

Twelfth Annual Meeting of the American Medical Association.
Held at Louisville, Ky., May 3, 4 and 5, 1859.

FIRST DAY.

The association met at 11 o'clock A. M. in Mozart Hall, the President, Dr. Harvey Lindsly, of the District of Columbia, in the chair, supported by Drs W. L. Sutton, of Kentucky, Thomas O. Edwards, of Iowa, Josiah Crosby, of Massachusetts, and W. C. Warren, of North Carolina, as Vice Presidents, with Drs. Alexander J. Semmes, of the District of Columbia, and S. M. Bemiss, of Kentucky, acting as Secretaries. Dr. Caspar Wistar, of Pennsylvania, Treasurer, was also in attendance.

The President announced the Rev. Mr. Robinson, of Louisville, who opened the proceedings with prayer.

Dr. Robert J. Breckinridge, chairman of the committee of arrangements, then welcomed the delegates to the city.

Prof. Joshua B. Flint, of Louisville, accompanied by Drs. Sutton, Chipley, Spillman and Snead, then came forward and addressed the President as follows:

“*Mr. President:* At a late annual meeting of the State Medical Society of Kentucky, the following resolution was unani-

mously adopted, and the gentlemen before you, all of them ex-Presidents of the society, constituted a committee charged with carrying it into effect :

“ ‘Resolved, That — be a committee to wait upon the A. M. Association, so soon as it shall have opened its session in Louisville, and in behalf of this society bid it welcome to the medical jurisdiction of Kentucky, assure it of the cordial interest of the profession of the State in the objects and purposes of its institutions, and of the readiness of this society to coöperate in all its endeavors to promote the honor and usefulness of our common calling.’

“ ‘In regard to the assurances of welcome, Mr. President, so far as they apply to you and your associates as individual guests of your Kentucky brethren, those gentlemen would hardly pardon me for adding a word to the general terms of the resolution. Already, if I mistake not, there are demonstrations of the spirit of hospitality, which render my assurance on the subject worse than superfluous.

“ ‘But I am happy to assure you, Mr. President, that the association over which you preside, in its corporate capacity, with its well known purposes and ends, will find an equally cordial reception in the general community which it has now honored with its presence. The people of Kentucky, sir, are generally supposed to appreciate as it deserves every enterprise of a public spirited or philanthropic character which presents itself to their notice, and I think I may say especially disposed to befriend the cause of medical education. They have certainly done somewhat, a little to their credit in evidence of their intelligent interest in medical science and the best means of its advancement. Through the munificence of the State, in one case, and of this liberal city in the other, two medical libraries have been procured in Kentucky, each of which is superior to any and all the public collections of medical books that can be found in most of the other States of the Union. Not more than two of our sister States, so far as I can learn, can be compared with us in this interesting particular.

“ ‘One of these libraries, belonging to the medical department of the University of Louisville as its best estate, numbering 4,000 volumes, you will doubtless visit during your sojourn among us, and, although much defaced and mutilated by the conflagration which laid that institution in ruins two years ago, you will still find it to be a large and choice collection—adequate to the requisi-

tions of medical research, and presenting satisfactorily the course of medical literature from the time of Hippocrates to the present day.

"The other library to which I refer belongs to the medical department of Transylvania University, and contains 8,000 volumes. I hope that not a few of the members of the association before leaving Kentucky will find their way into that also, in the course of a visit to the beautiful inland city in which it is located—a city distinguished throughout the land for the general intelligence and refinement of its population, as well as for the eminent public men who have signalized it as their home; but to medical men, not only of our own, but of foreign countries, especially memorable as the residence of the great lithotomist of our day and surgical patriarch of the west—Benjamin W. Dudley.

"Such benefactions as these to the means of medical study attest, as I have already intimated, so enlightened an interest in the improvement of our profession as to guaranty not only a welcome to the association which represents it, but efficient coöperation in its endeavors on the part of the profession and people of Kentucky.

"May your present season, Mr. President, be an agreeable one to the members of the association, and prove eminently beneficial to the interests of American medicine."

The Secretary, Dr. Bemiss, then called the roll of members of the association, and the following gentlemen were in attendance:

DIST. OF COLUMBIA.—Harvey Lindsly, Cornelius Boyle, Alex. J. Semmes.

VIRGINIA.—L. S. Joynes, P. C. Spencer, A. S. Payne.

GEORGIA.—Henry F. Campbell, Joseph Jones, W. H. Doughty, J. T. Banks, A. G. Thomas, John W. Jones, J. G. Westmoreland.

LOUISIANA.—S. O. Scruggs, R. A. New.

MARYLAND.—G. W. Lawrence.

SOUTH CAROLINA.—Henry R. Frost, H. W. Gibbs, John F. Gaston, W. H. Huger, Francis J. Miles.

PENNSYLVANIA.—Caspar Wistar, Robert K. Smith, James Bryan, W. B. Atkinson, Frank Resor, William Hunt, John Shrack, D. D. Clarke.

RHODE ISLAND.—James H. Eldridge.

OHIO.—Thomas W. Gordon, A. H. Baker, W. W. Dawson, Thos. M. Taggart, H. E. Foote, John C. Beck, C. G. Comegys, S. P. Hunt, James Graham, B. F. Richardson, T. J. Mullen, J. B. Smith, Rob Thomson, Charles S. Tripler, Stephen Bonner, John A. Murphy, E. P. Fyffe, Daniel Tilden, J. Helmick, George Fries, A. E. Heighnay, Jos. Clements, J. G. Rodgers, H. G. Carey, William Mount, C. McDermott, R. L. Rea, W. H. Lamme, B. S. Brown, G. A. Doherty, J. C. Denise.

NEW YORK.—Lewis A. Sayre, Thos. W. Blatchford, D. Meredith Reese, J. Cary Selden, A. L. Saunders, Douglass Bly, David L. Rogers.

TENNESSEE.—John H. Callender, J. C. Newnan, James M. Keller, G. C. E. Weber, H. R. Robards, J. S. White, W. K. Bowling, E. B. Haskins, F. Rice, J. B. Lindsly, T. L. Maddin, D. F. Wright, W. C. Cavanaugh, R. C. Foster, E. D. Wheeler, B. W. Arant, W. D. Haggard, Paul F. Eve.

MICHIGAN.—Moses Gunn, Z. Pitcher, Wm. Brodie, John Bennet.

DELAWARE.—H. F. Askew.

NEW JERSEY.—Landon A. Smith, E. Fithian, Joseph Fithian, Alexander N. Dougherty, Abraham Coles.

NEW HAMPSHIRE.—Dixie Crosby.

KENTUCKY.—J. W. Singleton, N. B. Anderson, H. K. Pusey, C. J. Blackburn, W. H. Miller, R. C. Hewitt, J. L. Dismukes, J. B. Flint, J. Hardin, W. A. Turner, M. Goldsmith, Llewellyn Powell, G. W. Bayless, L. P. Yandell, D. Cummins, B. M. Wible, A. B. Cooke, D. W. Yandell, D. D. Thomson, R. J. Breckinridge, S. M. Bemiss, J. B. Cook, H. Miller, T. P. Satterwhite, G. W. Ronald, Lewis Rogers, J. Hopson, J. Q. A. Foster, L. Russell, Hugh L. Givins, O. H. Spillman, H. D. Stirman, N. B. Marshall, E. D. Foree, T. S. Bell, R. P. Letcher, A. Callaway, E. D. Weatherford, J. D. Landrum, D. J. O'Reily, Samuel Reid, John H. Polen, W. S. Chipley, W. D. Holt, W. E. Gilpen, A. E. Steuart, Wm. Hayes, Thos. Marshall, W. L. Sutton, C. P. Mattingley, Stanton F. Bryan, J. W. Bush, H. M. Skillman, L. Buckner Todd, W. R. Evans, W. C. Snead, W. B. Caldwell, W. H. Gardner.

ALABAMA.—George D. Norris, J. B. Coons, W. P. Reese, A. J. Reese.

NORTH CAROLINA.—Edward Warren.

MISSOURI.—Montrose A. Pullen, J. M. Allen, John H. Watters, Joseph N. McDowell, Stephen Ritchie, M. L. Linton, J. R. Washington, Chas. A. Pope, W. M. McPheeters.

WISCONSIN.—C. B. Chapman.

IOWA.—D. L. McGugin, Thomas O. Edwards, Daniel Meeker.

INDIANA.—Charles Fishback, B. S. Woodworth, W. R. Winton, Calvin West, Isaac Capelberry, J. N. Green, R. D. Maury, George Sutton, Isaac Mendenhall, M. H. Hardin, L. D. Personett, A. B. Butler, R. E. Haughton, D. W. Taylor, S. S. Boyd, J. H. Brower, A. McPheeters, J. H. Langes, Joel Pennington, L. H. Kennedy, J. Joel Wright, H. G. Sexton, Joseph Somers, John Moffitt, D. Morgan, H. P. Ayres, Wm. Dickey, D. H. Jessup, Joseph H. D. Rogers, Benjamin Newland, John Sloan, T. R. Austin, R. R. Town, A. Clapp, F. W. Beard, Wm. Reeder, D. M. Jones, Charles Bowman, R. S. Shield, Jno. M. Kitchen, S. Davis, Geo. W. New, J. H. Woodburn, S. M. Linton, C. Brown, A. G. Boynton, F. M. Mothershead, T. Bullard, W. A. Clapp.

MASSACHUSETTS.—Pierson F. Kendall, G. Shattuck, Benj. F. Heywood, Sol. D. Townsend, Josiah Crosby, J. B. Upham, Enos Hoyt.

ILLINOIS.—J. W. Fruer, Daniel Brainard, N. S. Davis, R. N. Isham, J. H. Hollister, H. A. Johnston, D. W. Young, O. Goodbrake, H. Noble, J. M. Steele, A. H. Ince, J. N. Graham, J. B. Curtis.

The President then appointed the following gentlemen a committee on voluntary essays: Drs. L. P. Yandell, of Kentucky, Bryan, of Philadelphia, and Comegys, of Ohio.

Dr. R. J. Breckinridge, from the committee of arrangements, announced the hours of business from 9 A. M. to 12 M., and from 3 P. M. until such hours as the convention should adjourn upon resolution, which arrangement was adopted.

Dr. Harvey Lindsly, the President of the association, then read his retiring address, which was listened to with marked attention, and was an eloquent tribute to the dignity of the medical profession and the importance of its improvements.

After he had concluded, Dr. L. A. Smith, of New Jersey, moved that the thanks of the association be tendered to the President for his able and eloquent address, and it was ordered to be placed in the hands of the appropriate committee for publication, among the proceedings of the meeting.

Dr. Caspar Wistar, chairman of the committee on publication, read the annual report, and on motion of Dr. Sayre, of New York, the following resolutions appended to it were unanimously adopted :

Resolved, That hereafter every paper intended for publication in the Transactions must not only be placed in the hands of the committee on publication by the 1st of June, but it must also be so prepared as to require no material alteration or addition at the hands of the author.

Resolved, That authors of papers be required to return their proofs within two weeks after their reception, otherwise they will be passed over and omitted from the volume.

Adjourned until 3 o'clock P. M.

Afternoon Session.

Dr. W. L. Sutton, one of the Vice Presidents, took the chair in the absence of the President.

Dr. D. Meredith Reese, of New York, chairman of the committee on nominations, reported the following officers for the ensuing year :

President—Henry Miller, of Kentucky.

Vice Presidents—H. F. Askew, Delaware ; Chas. S. Tripler, U. S. Army ; L. A. Smith, New Jersey ; Calvin West, Indiana.

Treasurer—Casper Wistar, Pennsylvania.

Secretary—S. M. Bemiss, Kentucky.

Dr. Sayre moved the adoption of the report, which was unanimously agreed to.

Dr. Brainard, of Illinois, moved the appointment of a committee to conduct the newly appointed officers to their respective

chairs. The acting President selected Drs. Brainard, of Illinois, Mattingly, of Kentucky, Sutton, of Indiana, McDowell, of Missouri, and R. J. Breckinridge, of Kentucky, and they accordingly performed the duties assigned to them.

The newly elected President, on taking the chair, addressed the convention in substance as follows :

“ Gentlemen of the American Medical Association : I am wholly at a loss to command language to express the deep sense of obligation put upon me by calling me to the Presidency of your association. It is an honor any man may well be proud of, and although I admit, in all sincerity, that you might without difficulty have selected an individual more worthy the position, I may be allowed to say, you could not have conferred it upon one who would prize it more highly or cherish it longer with the most grateful recollection. I do esteem it the greatest honor ever conferred upon me by the profession that I love and to which I have devoted a long life ; nay, more—it is the greatest honor that could be conferred upon any man by the medical or any other profession in this or any other country ; for any decoration of honor or any mark of approbation conferred by a crowned head I should regard as a bauble in comparison. Who are you, gentlemen, when rightly considered ? You are the rightful representatives of the great American Medical Profession—an army forty thousand strong, and a body of men, no matter what captious criticism may say in disparaging comparison with the European branch of the profession, in my humble judgment, far superior to the same number of medical men to be found in any quarter of the globe. Although as a body you may not be so learned, so critically and nicely framed in all the minutiae of the profession, yet for strength, integrity and precision in all the great principles guiding to a successful combat with disease, this body is equal, if not superior, to that of any kingdom of continental Europe.

“ To be called to the Presidency of such a body of men is, in my sober judgment, the greatest compliment that could be conferred on mortal man, provided that man is a devotee of medicine, who has given his whole mind, soul, heart and strength individually to the profession, and has that high regard for it which will not suffer any less noble pursuit to interfere with the daily though

laborious duties of the profession. Coming so recently from a sick bed, and still enfeebled in health, I beg to be excused from farther remarks, and desire you to accept this brief and imperfect acknowledgement of the distinguished honor conferred upon me, instead of what, under other circumstances, I might be disposed to say."

The President, after this graceful address, sat down amid much applause, when Dr. R. J. Breckinridge moved that the thanks of the association be tendered to the retiring officers for the faithful and assiduous manner in which they have conducted the business committed to their charge; which was unanimously adopted.

A long and discursive debate then ensued on the admission of members by invitation. The plan of organization permits practitioners of respectable standing from sections of the United States not otherwise represented at the meeting, to receive appointment by invitation of the meeting after an introduction from any of the members present, or any absent permanent members, to hold connection with the association until the close of the annual session at which they are received, and to be entitled to participate in all its affairs as in the case of delegates. The point of difficulty seemed to be whether the invitation should be extended by the committee of arrangements or by open vote of the association. It was finally settled by referring all the applicants' names to the committee on arrangements.

Dr. J. B. Lindsly, of Tennessee, offered the following:

Resolved, That a committee of three be appointed by the chair to inquire into and report upon the propriety of dividing the association into sections for the purpose of performing such parts of its scientific labors as may relate to particular branches of medicine and surgery.

Dr. Brodie moved its reference to the nominating committee.

Dr. Brainard explained at some length the object of the resolution of inquiry, and enforced its adoption as the means of giving more effect and usefulness to the proceedings of the association, the reports of which had heretofore gone out unmatured, in consequence of the want of concentrated action.

A motion by Dr. Sayre to lay the motion on the table was negatived, and the motion of Dr. Lindsly was then adopted.

Dr. Davis moved that no person be permitted to speak more

than twice on the same subject, or more than ten minutes at one time, except by consent of the association ; which was adopted.

The standing committee on prize essays was called on for their report, but without a response. This was also the case with the committee on medical education. The committee on medical literature had no report to present.

A letter from Dr. J. G. F. Holston, of Ohio, chairman of the special committee on the microscope, was read, reporting progress, and begging a continuance for more extended investigation, which was referred to the committee on nominations.

A letter from Dr. Stephen Smith, of New York, from the special committee on medical jurisprudence, had the same reference.

The special committee on quarantine was not ready to report.

Dr. Mattingly, of Kentucky, from the special committee on diseases and mortality of boarding schools, asked a continuance until next year, in order to obtain further information requisite to the full investigation of the important subject. The request was referred to the committee on nominations.

The special committee on surgical operations for the relief of defective vision, on milk sickness, and on the blood corpuscle, had the same reference.

A report from the committee on medical ethics, signed by Dr. John Watson, of New York, was read, laid on the table, and made the special order for to-morrow at 12 o'clock M. The report in full is as follows :

TO THE AMERICAN MEDICAL ASSOCIATION :

The committee on medical ethics beg leave to state that, of the subjects referred to them at the last meeting of the association, they find the following notice in the minutes :

"Dr. Grant, of New Jersey, presented a complaint made by the Newark Medical Society against the New York Medical College, for a violation of the ethics of the profession. Dr. Edwards, of Iowa, presented a similar complaint ; and Dr. Oakley, of New Jersey, a complaint from the Union and Essex County Medical Society."—TRANSACTIONS, VOL. XI., p. 41.

Upon these several complaints your committee beg leave most respectfully to report :

That the two complaints from the medical societies of New Jersey refer only to one and the same grievance, the particulars of which are set forth in a memorial which was presented to the American Medical Association on the 6th of May, 1848, and which is entitled, "Statement of the Newark Medical Association in reference to a diploma granted by the New York Medical College."

The facts stated in this memorial, which is now appended to this report, were, during the last annual meeting of the American Medical Association, examined as carefully as time and opportunity would allow. The charges therein contained against the New York Medical College were admitted to be true by Dr. Horace Green, President of said College, who, in apology for the same, submitted a written statement to your committee, which was at the time accepted as satisfactory by the gentlemen then present before your committee on behalf of the parties aggrieved; and being afterwards presented with a verbal report of the committee, was received and entered upon the minutes in the following terms:

"Whereas, it appears from undoubted testimony that the New York Medical College have conferred the degree of Doctor of Medicine upon a notorious quack of the name of John F. Dunker, of Newark, the Faculty, in the person of the President of said College, wish here to declare that the degree was obtained under gross deceptions and false testimonials furnished by said Dunker and his friends; and they therefore revoke and annul his diploma, and declare said Dunker to be unworthy of patronage or support from the authority conferred upon him by this diploma."—TRANSACTIONS, VOL. XI., P. 49.

These complaints being thus disposed of, your committee have only to add in reference to them, that the memorial presented to the American Medical Association from the Newark Medical Association is worthy of special notice, as setting forth the negligent manner in which mere verbal and hearsay statements are at times accepted in place of authentic written testimonials, from individuals presenting themselves as candidates for the honors of our profession at some of the medical colleges of the country. In this respect there is reason to believe that the New York Medical College does not stand alone: and the publication of the accompanying memorial may be of service in putting a permanent check to this crying evil.

The only other complaint referred to your committee was that presented by Dr. Edwards, of Iowa, preferring a charge from the Dubuque Medical Society against one of her members who had been expelled for an alleged infraction of the code of medical ethics. This complaint does not appear to be of such a character as to require adjudication here. It has since the last annual meeting of the American Medical Association been adjudged by the Iowa State Medical Society [see transactions of the annual meeting of said society, published at Dubuque, Iowa, 1853], and having been then settled in the State in which the parties reside, it should now be dismissed.

All of which is respectfully submitted.

NEW YORK, April 28, 1859.

JOHN WATSON, M.D., Chairman.

Continuances were asked by the committees on the pons varoli, medulla oblongata, and spinal marrow—their pathology and therapeutics; on American medical necrology; on the hygienic relations of air, food and water, the natural and artificial causes of their impurity, and the best methods by which they can be made most effectually to contribute to the public health; on the

effect of virus of rattlesnakes, when introduced into the system of mammalia ; on the climate of the Pacific coast and its modifying influences upon inflammatory action and diseases generally ; on the constitutional origin of local diseases, and the local origin of constitutional diseases ; on the physiological effects of the hydrocarbons ; on epilepsy ; on the causes of the impulse of the heart and the agencies which influence it in health and disease ; and on the best substitutes for cinchona and its preparations in the treatment of intermittent fever, etc.—all of which were referred to the committee on nominations.

The special committee on government meteorological reports made a report, written by Dr. R. H. Coolidge, of the U. S. Army, but read by Dr. Paul F. Eve, of Tennessee, which was referred to the committee on publications.

The committee, appointed in May, 1857, on criminal abortion, submitted a report, written by Dr. Storer, of Boston, which was read by Dr. Blatchford, of New York, and referred to the committee on publication.

The following resolutions appended to this report were unanimously adopted :

Resolved, That while physicians have long been united in condemning the act of producing abortion, at any period of gestation, except as necessary for preserving the life of either mother or child, it has become the duty of this association, in view of the prevalence and increasing frequency of the crime, publicly to enter an earnest and solemn protest against such unwarrantable destruction of human life.

Resolved, That in pursuance of the grand and noble calling we profess—the saving of human lives—and of the sacred responsibilities thereby devolving upon us, the association present this subject to the attention of the several legislative assemblies of the Union, with the prayer that the laws by which the crime of procuring abortion is attempted to be controlled, may be revised, and that such other action may be taken in the premises as they in their wisdom may deem necessary.

Resolved, That the association request the zealous coöperation of the various State Medical Societies in pressing the subject upon the legislatures of their respective States, and that the President and Secretaries of the association are hereby authorized to carry out by memorial these resolutions.

The association then adjourned till Wednesday morning at 9 o'clock.

SECOND DAY.

WEDNESDAY, May 4, 1859.

The President, Dr. Miller, called the association to order at 9 o'clock.

Dr. D. Meredith Reese, chairman of the committee on nominations, called attention to the fact that the committee could not act definitely until the place for next year's meeting should be designated. He stated also that the State Medical Society of Connecticut had requested that an amendment to the constitution proposed two years since should be taken from the table, relative to the time of meeting.

It was moved by Dr. Blatchford and seconded by Dr. Sayre, that the amendment to the third article of the constitution be taken up, which proposes to add after the words "first Tuesday in May" the words "or first Tuesday of June," and after the words "shall be determined" add the words "with the time of meeting."

The amendment was adopted by a constitutional vote.

Dr. D. M. Reese also stated that the Connecticut State Society had extended a pressing invitation to the association to hold its next meeting at New Haven, which invitation was referred to the committee on nominations.

Dr. Reese also called attention to the necessity of some radical change in the mode of appointing committees to prepare treatises on scientific subjects to be reported at the annual meetings. It had been seen that, on yesterday, a large majority of the committees made no reports, and did not even see proper to send in any communication explanatory of delay. The difficulty heretofore has originated in the mode of selection adopted by the nominating committee. It has been customary for gentlemen to hand in their names and the proposed subjects on slips of paper, and the committee, without further investigation, have so published in the annual reports. Thus it has happened that appointments have been most injudiciously made, and gentlemen to whom a special duty has been assigned have been found to know less of that than any other subject. He therefore hoped that no committee of last year would be reappointed or continued from which no report had been had and no communication received.

On motion, the nominating committee was unanimously in-

structed to act upon the suggestions of the chairman, who also stated that there should be some definite expression of disapprobation as to the course of those gentlemen who had volunteered essays, and had their names reported in the newspapers and spread over the land, and then paid no further attention to the matter.

Dr. Flint, from the committee on prize essays, begged leave to report that they received four dissertations in time for a careful and thorough examination, and two others, quite voluminous, only two days before the meeting of the association. The latter we have felt constrained to exclude altogether from the competition of the present year, on account of the absolute impossibility of reading them with a critical purpose and effect. The others have been carefully examined by all the surviving members of the committee—one estimable associate, Dr. Evans, having been called from all his earthly labors before the active duties of the committee began.

More than one of the four essays we examined exhibited much labor, and a commendable scholarship in their preparation—are voluminous, and in some respects very meritorious papers; but, in the unanimous judgment of the committee, neither of them possesses the degree and species of merit which should entitle its author to the association prize.

The committee beg leave furthermore to report that, in their opinion, and as the suggestion of their own recent experience, the association should determine in more precise and formal manner than has yet been done the terms and condition of competition and of success in the contest for prizes, for the government alike of contestants and the committee of adjudication, and that a committee be now appointed to consider and report upon that subject.

Dr. J. B. Lindsly, chairman of the committee appointed to inquire into the propriety of dividing the association into sections, for the better performance of its work in considering the various branches of medicine and surgery, recommended the adoption of such a plan as being indispensably necessary to make this body a working scientific association. They do not deem it necessary to enter into any argument in favor of this plan, it being the one universally adopted by similar bodies. They would simply recommend, for the present, a division into the following sections, as being most suitable to facilitate the transaction of business,

viz: 1. Anatomy and Physiology; 2. Chemistry and Materia Medica; 3. Practical Medicine and Obstetrics; 4. Surgery.

The committee do not propose that this subdivision of labor shall in any manner interfere with the regular business of the association as now conducted; but only that after having been assembled each day in general session, each section shall meet separately for the purpose of hearing and discussing papers on such subjects as properly belong to them, and they therefore recommend that the committee of arrangements for the ensuing year be requested to provide suitable accommodations for the services of these sections, and that each of said sections shall be authorized to make such arrangements as may be required for the proper transaction of its business.

This report was considered, and adopted after a very able speech in its support by Dr. Davis, of Illinois.

Dr. J. W. Singleton, of Kentucky, moved the suspension of the rules for the introduction of the following:

Resolved, That in the death of Dr. A. Evans, of Kentucky, the association has lost one of its most manly and efficient members, and society a friend and benefactor.

The resolution was unanimously adopted.

Dr. W. L. Sutton, under the resolution appointing a committee on the registration of births, marriages, etc., proposed a plan of general action, an abstract of which he read on motion of Dr. Gibbs, of S. C., and on motion of Dr. L. P. Yandell the subject was referred to a committee to report during the present session. Drs. Sutton, Lindsly, R. W. Gibbs, Bryan, Pitcher and Crosby were appointed such committee.

Dr. Blatchford stated that he had received from Dr. Willard, Secretary of the New York State Medical Society, fifty volumes of their Transactions for 1859, for distribution to the medical press, the medical colleges, and all the medical societies of the South, and sent with a request for an interchange of civilities. Gentlemen present can be supplied by application to Dr. Bemiss, and if the number sent be not sufficient for the supply, they will be cheerfully forwarded to any gentleman by application to the Secretary, Dr. S. D. Willard, Albany, N. Y., the postage being included in the application, which is twenty-two cents.

A voluminous report from Dr. Thomas Logan, of California, on

Medical Topography and Epidemics, was received and referred to the committee on publications.

The chairman of the committee on voluntary essays stated that he had received a paper on a case of extra-uterine foetation, from Dr. Enos Hoyt, of Transylvania, Mass., and another on a case of accidental poisoning by strychnine, from Dr. Douglas Bly, of Rochester, N. Y. He also presented a very voluminous paper entitled "Observations on some of the changes of the Solids and Fluids in Malaria Fever, by Joseph Jones, Professor of Medical Chemistry in the Medical College of Georgia, at Augusta." By request, Professor Jones gave a verbal abstract of his paper and an exposition of his theory, and on motion of Dr. D. W. Yandell the communication was referred to the committee on publications.

Dr. D. W. Yandell announced that the following railroad companies had agreed to pass delegates to this convention over their roads at half price: Pittsburg, Fort Wayne and Chicago; Pennsylvania Central; Jeffersonville; New Albany and Salem; Louisville and Nashville, and Cleveland and Pittsburg.

On motion a vote of thanks was tendered to these companies for their liberality.

Dr. J. B. Flint offered the following resolution:

Whereas, our brethren of Great Britain are engaged in erecting a monument to the memory of John Hunter, whose invaluable services in behalf of Physiology and Surgery are recognized and honored, as well on this side of the Atlantic as in Europe; and whereas, this association, as the representatives of American Medicine, would rejoice in some suitable manner to participate in so grateful a testimonial of gratitude and respect; therefore—

Resolved, That a committee of three be appointed to consider in what manner this participation can best be effected, so as to be acceptable to our British brethren, and consistent with our own means and opportunities of action, with instructions to report at the next annual meeting.

The resolution was adopted, and Drs. Flint, Bowditch and Shattuck appointed as the committee.

Dr. Harvey Lindsly offered the following:

Whereas, parliamentary rules of order are numerous, complicated, sometimes obscure, and often inapplicable to such a body as the American Medical Association; and whereas, from the nature of the pursuits of medical men, they can not be familiar with these rules; therefore—

Resolved, That a select committee of three members be appointed to pre-

pare a system of rules for the government of this association, as few in number, as concise and perspicuous as possible, to be reported to the next annual meeting.

This resolution was adopted, and Drs. Lindsly, Comegys and Blatchford appointed as the committee.

The nominating committee made the following report :

The next annual meeting to take place at New Haven, on the first Tuesday of June, 1860. Dr. Eli Ives is elected junior secretary.

Committee of Arrangements—Drs. Charles Hooker, Stephen G. Hubbard, and Benjamin Sullivan, Jr., with power to add to their numbers.

Committee on Prize Essays—Drs. Worthington Hooker, Conn.; G. C. Shattuck, Mass.; Usher Parsons, R. I.; P. A. Jewett, Conn.; and Jonathan Knight, Conn.

Committee on Publication—Drs. F. G. Smith, Philadelphia, Pa.; Wistar, do.; Bemiss, Louisville, Ky.; Ives, New Haven, Conn.; Hollingsworth and Hartshorne, Philadelphia, Pa.; and Askew, Wilmington, Del.

Committee on Medical Literature—Drs. Henry Campbell, Ga.; D. F. Wright, Tenn.; O. Wendall Holmes, Mass.; S. G. Armor, Ohio; and W. H. Byford, Ill.

Committee on Medical Education—Drs. D. M. Reese, N. Y.; W. R. Bowling, Tenn.; Chas. Fishback, Ind.; John Bell, Pa.; Z. Pitcher, Mich.

The following special committees were appointed :

On Morbus, Coxarius, and Surgical Pathology of Articular Inflammation—Dr. Lewis A. Sayre, of New York.

On the Surgical Treatment of Strictures of the Urethra—Dr. James Bryan, of Philadelphia.

On Drainage and Sewerage of Large Cities, their Influence on Public Health—Drs. A. J. Semmes, D. C., chairman, Cornelius Boyle, and G. M. Dove.

On Puerperal Tetanus, its statistics, pathology, and treatment—Dr. D. L. McGugin, of Keokuk, Iowa.

On Hospital Epidemics—Dr. R. K. Smith, of Philadelphia.

On Puerperal Fever—Dr. J. N. Green, of Stilesville, Ind.

On Anæmia and Chlorosis—Dr. H. P. Ayres, of Fort Wayne Indiana.

On Veratrum Viride—Dr. James B. McCaw, of Richmond, Virginia.

On Alcohol, its Therapeutical Effects—Dr. J. R. W. Dunbar, of Baltimore, Md.

On Meteorology—Dr. J. G. Westmoreland, of Atlanta, Ga.

On Milk Sickness—Dr. Robert Thompson, of Columbus, Ohio.

On Manifestations of Disease of Nerve Centres—Dr. C. B. Chapman, Wisconsin.

On the Medical Topography of Iowa—Dr. T. O. Edwards, Iowa.

On Microscopic Observations on Cancer Cells—Dr. George D. Norris, New Market, Ala.

On the Philosophy of Practical Medicine—Dr. James Graham, Cincinnati, Ohio.

On Some of the Peculiarities of the North Pacific, and their Relations to Climate—Dr. Wm. H. Doughty, Ga.

The following special committees were continued or altered :

On Microscope—Drs. John C. Dalton, Jr., N. Y.; David Hutchinson, Ind.; A. R. Stout, Cal.; Calvin Ellis, Mass.; Christopher Johnson, Maryland.

On Diseases and Mortality of Boarding Schools—Dr. C. Mattingly, Ky.; and Dixie Crosby, N. H.

On the Various Surgical Operations for the Relief of Defective Vision—Drs. M. A. Pallen, Mo.; T. J. Cogley, Ind.; and W. Hunt, Pennsylvania.

On the Blood Corpuscle—Dr. A. Sayre, Michigan.

On American Medical Necrology—Dr. C. C. Cox, Md.

On the Hygienic Relations of Air, Food, and Water, the natural and artificial causes of their impurity, and the best methods by which they can be made most effectually to contribute to the public health—Dr. C. C. Cox, Md.

On the Effect of Virus of Rattlesnake, etc., when introduced into the system of Mammalia—Dr. A. S. Payne, of Virginia.

On the Climate of the Pacific Coast and its Modifying Influences upon Inflammatory Action and Diseases generally—Dr. O. Harvey, California.

On the Constitutional Origin of Local Diseases, and the Local

Origin of Constitutional Diseases—Drs. W. H. McKee, N. C., and C. F. Heywood, N. Y.

On motion of Dr. Brodie, Dr. A. J. Semmes was requested to serve as Secretary pro tem. during the remainder of the session.

The association took up the special order, being the report on Medical Ethics, to which had been referred the action of the Dubuque Medical Society, which, after debate, was laid over until 12 o'clock to-morrow.

On motion of Dr. H. F. Campbell, a section of meteorology, medical topography, and epidemic diseases, and of medical jurisprudence and hygiene, was added to those already adopted.

Amendments to the constitution of the association were then taken up, and a provision was acted upon that no individual who shall be under sentence of expulsion or suspension from any State or local medical society, of which he may have been a member, shall be received as a delegate to this body, or be allowed any of the privileges of a member, until he shall be relieved from such sentence by such State or local society. This amendment to the constitution was adopted.

The next amendment, lying over from last year, was the proposition of Dr. Kyle, of Ohio, that the constitution of the association be so amended as to prohibit the admission as a delegate, or the recognition as a member, of any person who is not a graduate of some respectable medical college.

This amendment was rejected, but, on the question of reconsideration, a long and animated debate ensued, which called forth all the oratorical abilities and much of the personal feelings of the delegates. Without arriving at a vote, the association adjourned for dinner.

—The following gentlemen have been admitted to the association as members by invitation.

INDIANA.—B. C. Rowan, N. D. Field, John S. Rowe, R. Curran, D. Wiley, J. A. Windle, A. V. Talbot, J. W. Davis.

OHIO.—W. C. Hall, W. B. Davis.

TENNESSEE.—J. M. Brannoch.

KENTUCKY.—W. N. Garther, S. B. Fields, W. S. Cain, J. A. Hodge, S. B. Merrifield, Joshua Gore, H. M. Berkeley.

MISSOURI.—J. M. Allen.

ALABAMA.—Dr. Boylman, Dr. Turney.

NEW HAMPSHIRE.—David Kay.

UNITED STATES ARMY.—Charles S. Tripler.

Afternoon Session.

Upon the reassembling of the association, the discussion was renewed on a motion to reconsider the vote by which the amendment to the constitution was negatived, prohibiting the admission as a delegate, or the recognition as a member, of any person who is not a graduate of some respectable medical college.

Dr. Kincaid moved a further amendment to insert the word "hereafter" after "prohibiting."

Dr. Askew, of Delaware, one of the Vice Presidents in the chair, ruled the amendment out of order at the present stage, or until the association decide upon the question of reconsideration.

After a long discussion, Dr. Davis, of Indiana, moved to lay the motion to reconsider on the table; which was carried, 97 yeas, nays not counted,—so the amendment stands registered.

The next amendment proposed to the constitution was that suggested by the New Jersey Medical Society, asking for such changes as would establish a Board of Censors in every judicial district of the Supreme Court, who should examine and grant diplomas to all proper members of the association.

This was temporarily laid on the table for Dr. Crosby to offer a report of the Medical Teachers' Convention, which met on Monday last. He strongly recommended a committee from this body to confer with the Teachers' Committee, and felt great confidence that something beneficial to medical education would be the effect of such conference.

Dr. Comegys moved the appointment of a committee of five to confer with the Committee of Medical Teachers, and report at the next annual meeting, provided that no medical teacher be selected on the part of this association.

This again gave rise to an excited debate. Prof. McDowell, of Missouri, was extremely happy in some of his hits, and kept his auditors in a roar of laughter. He acknowledged that New York and Philadelphia had the advantage of location; the railroads took students there as they did the horses and cattle of the West, and sometimes its asses.

Professor Crosby, of Dartmouth College, contended that the elevation of the standard of medical education depended more upon practitioners than the colleges; if bad materials were sent up from physicians' offices for professors to model into physi-

cians, it could not be expected that good results would follow. He wanted a committee of conference, not based on any sectional feelings, and he believed the whole matter could be arranged satisfactorily.

Dr. D. W. Yandell wished to reply to one remark of Professor Crosby, as to the bad materials sent by private teachers to the colleges. He had himself, as a private instructor, rejected students who were too big fools to be made physicians, and these same persons, in a few months, had gone to some of the colleges and come back with their diplomas in their pockets.

After a very eloquent, appropriate and conciliatory speech from Dr. Davis, the resolution of Dr. Comegys was unanimously adopted.

The resolutions from the New Jersey Medical Society were then taken from the table and referred to the committee of conference.

Dr. Davis offered a resolution instructing the same committee to confer with the State Medical Societies, for the purpose of procuring more decisive and uniform action throughout the profession, in carrying into effect the standard of preliminary education adopted by this association at its organization in 1847. This was carried.

Dr. Gibbs, from the committee to examine into a plan of uniform registration of births, marriages and deaths, offered the following report: "They have given the same a careful consideration, and they unanimously recommended that the report be adopted and referred to the committee on publication. They also recommend that the same committee be continued, with instructions to add to the report in time for publication in the ensuing volume of Transactions a form of registration law which may be likely to answer the requirements of the several States."

Dr. Sayre, of New York, offered the following:

Whereas, The medical profession at large have an interest in the character and qualifications of those who are to be admitted as their associates in the profession; therefore,

Resolved, That each State Medical Society be requested to appoint annually two delegates for each college in that State, whose duty it shall be to attend the examination of all candidates for graduation; and that the colleges be requested to permit such delegates to participate in the examination and vote on the qualifications of all such candidates.

This was referred to the committee of conference.

The paper of Dr. Jones, presented at the morning session, was taken from the committee on publication and referred to the committee on prize essays.

Dr. Eve moved to record the name of Dr. Benj. W. Dudley as a permanent member, which was adopted by a unanimous vote, the delegates all rising to their feet in token of respect.

Adjourned till Thursday morning.

—The following members of the association registered their names during the day :

INDIANA.—John M. Kitchen, S. Davis, George W. New, J. H. Woodburn, S. M. Linton, C. Brown, A. G. Boynton, F. M. Mothershead, T. Bullard, W. W. Hitt, A. J. Mullen, John M. Hinkle, J. D. Maxwell, John M. Reily, J. A. Windle, B. C. Rowan, L. Ritter, R. Curran, J. W. Davis, W. T. S. Cornett, A. V. Talbott.

MISSOURI.—J. M. Allen, E. S. Frazer.

IOWA.—Wm. Watson.

NEW YORK.—Daniel G. Thomas, John L. Zabriskie, M. M. Marsh.

ALABAMA.—J. N. Turney.

PENNSYLVANIA.—W. W. Townsend, Caleb Swayne.

OHIO.—George Mendenhall, S. G. Armor, E. B. Stevens, L. G. Lecklider, W. L. Schenck, J. P. Judkins, D. B. Cotton, W. F. Kincaid, John Davis, W. C. Hull, W. B. Davis, P. H. Kelley, Usher P. Leighton.

UNITED STATES ARMY.—Charles S. Tripler.

KENTUCKY.—E. O. Brown, S. B. Richardson, A. H. Shively, F. G. Montgomery, J. A. Hodge, W. W. Cleaver, Hugh Berkley, S. B. Field, W. N. Garther, Edward Richardson.

ILLINOIS.—F. B. Haller, H. Nance, Thomas Wilkins, T. D. Fitch, C. Johnson, D. O. McCord.

TENNESSEE.—J. M. Brannock.

The whole number of delegates in attendance is therefore 301.

THIRD DAY.

THURSDAY, May 5, 1859.

The President called the association to order at 9 o'clock, and the reading of the minutes of yesterday were dispensed with.

The first business in order was an amendment to the constitution, laid over from last year, and proposed by Dr. T. L. Mason, of N. Y., to insert in the first line of the second paragraph of Article 2, after the words "shall receive the appointment from," the words "any medical society permanently organized in accord-

ance with the laws regulating the practice of physic and surgery in the State in which they are situated, and consisting of physicians and surgeons regularly authorized to practice their profession." Also, to add to the sixth paragraph of the same article the words "but each permanent member of the first class designated in this plan of organization shall be entitled to a seat in the association, on his presenting to this body a certificate of his good standing, signed by the Secretary of the society to which he may belong at the time of each annual meeting of this body."

Dr. Linden A. Smith, of N. J., said amendments to the constitution should be adopted with care, and though, perhaps, that now proposed might be desirable, still, as Dr. Mason, who had proposed it, was not present to explain his views, he moved that the subject be laid over until next year. This suggestion was adopted.

Another constitutional amendment, proposed by Dr. Henry Hartshorne, of Penn., and laid over from last year under the rules, provides to add to the second article the words, "No one expelled from this association shall at any time thereafter be received as a delegate or member, unless by a three-fourths vote of the members present at the meeting to which he is sent, or at which he is proposed." This amendment was adopted.

Another amendment, proposed by J. Berrien Lindsley, of Tenn., was called up, to omit in Article 2 the words "medical colleges, hospitals, lunatic asylums, and other permanently organized medical institutions in good standing in the United States," and also to omit the words "The faculty of every regularly constituted medical college or chartered school of medicine shall have the privilege of sending two delegates, and every other permanently organized medical institution of good standing shall have the privilege of sending one delegate."

This was laid on the table until the next annual meeting.

An invitation was received from Monsieur Groux, requesting the delegates to meet him at the hall of the University at noon to-day, to witness experiments on his congenital fissure of the sternum, which was deferred until four o'clock this afternoon, as the association had previously accepted the hospitality of Mr. and Mrs. Robert J. Ward at the former hour.

Dr. McDermot, of Ohio, submitted the following resolutions :

Whereas, a vast proportion of the disease and misery that afflict our race is caused by the excessive use of intoxicating liquors ; and whereas, in the opinion of this association, the evils of intoxication can be most effectually remedied by the establishment of Inebriate Asylums, wherein the victims of intemperance may be subjected to such restraints and treatment as shall effect a thorough reformation of their habits ; therefore—

Resolved, That this association recommend the establishment of Inebriate Asylums in the various States of the Union.

Resolved, That the State and County Medical Societies, and all members of the medical profession, be requested to unite in diffusing among the people a better knowledge and appreciation of the beneficent purposes and important benefits that would be conferred upon society by the establishment of such asylums throughout the various sections of the country.

This resolution was referred to the mover as a special committee, with a request that he would report thereon at the next meeting of the association.

Dr. Shattuck offered the following, which was adopted :

Resolved, That the committee appointed in May, 1857, on criminal abortion, be requested to continue their labors, and especially to take all measures necessary to carry into effect the resolutions reported by them on the first day of the meeting.

Dr. Yandell, from the committee on voluntary essays, made a further report that a communication had been received from Dr. Langer, of Iowa, on subcutaneous injections as remedials, which, on motion, the author read.

The essay was referred to the writer as a special committee, with the request that he would report further at the next annual meeting of the association, and continue his investigations.

Invitations to visit the Insane Asylum, and the library and museum of Transylvania University, were received.

The President appointed as the committee of conference to meet the committee from the Teachers' Convention, the following gentlemen : Drs. Blatchford, Troy, N. Y. ; Condie, Philadelphia, Pa. ; Bozeman, Montgomery, Ala. ; Brodie, Detroit, Mich. ; and Sneed, Frankfort, Ky.

Dr. D. Meredith Reese, from the nominating committee, made the following final report :

Special committees continued.

On Quarantine—Drs. D. D. Clark, Penn. ; Snow, R. I. ; Jewell, Penn. ; Fenner, La., and Houck, Md.

On Medical Ethics—Drs. Schuck, Penn. ; Murphy, Ohio ; Lincoln, Mo. ; Powell, Ga. ; Eve, Tenn.

On Tracheotomy in Membranous Croup—Dr. A. V. Dougherty, N. J.

On the Effects of Lithotomy, performed in Childhood, upon the Sexual Organs in After Life—Dr. White, Memphis, Tenn.

On Mercurial Fumigation in Syphilis—Dr. D. W. Yandell, Louisville, Ky.

On the Improvements in the Science and Art of Surgery, made during the last half century—Dr. Jos. McDowell, St. Louis, Mo.

On the Cause and Increase of Crime, and its Mode of Punishment—Dr. W. C. Sneed, Frankfort, Ky.

On the Education of Imbecile and Idiotic Children—Dr. H. P. Ayres, Fort Wayne, Ind.

On the Uses and Abuses of the Speculum Uteri—Dr. C. H. Spillman, of Kentucky.

On the Topography of Vermont—Dr. Perkins, of Vermont.

On the Pons Varolii, etc.—Dr. S. B. Richardson, of Kentucky, and Dr. Fishback, of Indiana.

On the Physical Effects of the Hydro-Carbons—Dr. F. W. White, of Illinois.

On the Effect of the Periodical Operations for Urinary Calculi upon Procreation in the Male—J. S. White, of Tennessee.

The paper from Dr. Ellis, of Massachusetts, on the subject, “ Does the microscope enable us to make a positive diagnosis of cancer, and what, if any, are the sources of error ? ” was referred to the special committee on the microscope, of which Dr. Dalton is chairman.

Honorary resolutions were passed to the memory of the following members of the association, deceased : Drs. W. W. Boling, of Ala. ; Thomas D. Mütter, of Penn. ; P. C. Gaillard, of S. C. ; Jabez G. Goble, of N. J. ; John K. Mitchell, of Penn.

Dr. R. K. Smith, of Philadelphia, submitted the following :

Resolved, That the death of Dr. John K. Mitchell, one of the members of this association, has been to this body a loss keenly felt by every man who knew him. His eminence as a teacher, his varied acquirements in every department of learning, and his generous social qualities in every relation, endeared him to every member of the profession who had the pleasure of his personal acquaintance.

Resolved, That the family be notified of the action of this association.

Other more formal resolutions were offered, and feeling eulogies pronounced.

Dr. Sayre offered the following, which were adopted by acclamation :

Resolved, That the thanks of the American Medical Association are eminently due, and are hereby presented to the citizens of Louisville, Ky., for the princely hospitality publicly and privately extended to the members of this body during its present session.

Resolved, That to the committee of arrangements, and the profession of Louisville generally, our thanks are due for their kind and assiduous attention to the association, and for the hearty welcome with which they have greeted our convention in their flourishing city.

After the transaction of some other unimportant routine business, on motion of Dr. Davis, the association adjourned to meet at New Haven on the first Tuesday in June, 1860.

—The registration book during the day announced the names of Drs. D. G. Thomas, of New York, William S. Kain, of Kentucky, and Peter Allen, R. R. McMeans, and W. R. Kable, of Ohio—making 305 members in attendance during the session of the association.

Editorial Translations.

Discussion on Hypertrophic Lengthening of the Uterine Neck.—At the meeting of the Imperial Academy of Medicine of March 25th, M. Depaul took the floor to discuss the paper of M. Huguier. We gave the conclusions of this paper in our last issue.

M. Depaul.—I will occupy myself successively, said the orator, with hypertrophic lengthening of the *sous* and *sus*-vaginal portions of the uterine neck, as M. Huguier has done. Our honorable colleague has censured the most distinguished, with being satisfied in looking from the vulva, and deciding that they had cases of uterine prolapsus when they perceived the os uteri between the vulva. Who is the person among us who has proceeded with so much indifference, contenting himself with such a superficial examination?

I declare that my masters did not so act, and that they never

taught us to proceed in such a way. Although M. Hugueir has so stated, we have not awaited till the present time to recognize hypertrophic lengthening of the uterine neck, and to distinguish it from procidentia of the uterus. If M. Hugueir had carried his investigations farther, he would have seen that it is mentioned in more than one place in the works of Duges and Boiria, as early as 1833. These authors speak of lengthening of the uterine neck, at pages 89, 91 and 93 of their work, "*Traité Pratique des Maladies de l'Uterus*," and not content with citing facts which they had observed, they refer to the cases of the same kind reported by Lallement, Leroux, (de Dijon), Buisson and Bichat.

Our honorable colleague is doubtless not aware that M. Herpin (of Geneva) published, in January, 1856, in the *Gazette Médicale*, an important paper entitled "*De l'Allongement Démesuré du col de la Matrice*." The history of two women affected with considerable lengthening of the uterine neck (six centimetres) without uterine prolapsus is given in this paper. Quietude, astringent applications, a supporting bandage, or a pessary sufficed to relieve these patients, and to enable them to bear very patiently their infirmity, and did not prevent them from bearing children, or attending to their ordinary occupations. I repeat it, lengthening of the uterine neck is not an unrecognized disease. I appeal to the experience of physicians who treat uterine diseases. Is there one of this class who has not met with one or several cases? I have already observed more than one, either in my civil or *noso-comial* practice.

A word, now, on the causes of this affection. I believe that it is important especially to take into account individual peculiarities, or rather original, native peculiarities. There is nothing so variable as the dimensions and physiognomy of the uterine neck, as I have convinced myself in examining the uterus in a great many female children dead a few days after birth. There are some women in whom the neck of the uterus is scarcely marked, while in others it is entirely deficient. I have been called in consultation by my *confrères* to women in labor, who were very much surprised at not finding the uterine neck. On the contrary, other women have this portion of the womb very much developed, either congenitally or pathologically, in consequence of some chronic disease of the uterus. However, extraordinary lengthen-

ing of six to seven centimetres is very rare, although M. Huguier has so stated.

I now come to the question of diagnosis. Contrary to M. Huguier, I believe there is nothing so easy as to detect an excess in the length of the uterine neck. Often the vaginal touch will suffice; but combined with hypogastric palpation, it will furnish information of great precision, since it will permit us to seize the uterus between the hands, and enable us thus to appreciate with great approximation its dimensions. I do not know of any better process for measuring it. If it should be insufficient, we can have recourse simultaneously to the rectal touch, and the introduction of a sound into the bladder. I do not agree with M. Huguier, in according the preference to the speculum. This instrument, by its superior extremity, pushes back the vaginal cul-de-sac, exposes not only the intra-vaginal portion, but still a certain extent of the sus-vaginal portion of the neck of the womb; so much so that instead of having the exact measure of the lesion, we exaggerate more or less its length.

Our colleague extols, also, catheterism of the uterus. It is, in my opinion, an operation often useless, always dangerous, and frequently deceptive. With a great many women, it causes very acute pains, or menorrhagia, and exposes them to grave and sometimes mortal peritoneal inflammation. Finally, it is the very best thing to cause abortion, always followed in these cases by fearful accidents, as it has been my fortune recently to see an example.

Some will tell me that it is the only means to measure mathematically the length of the uterine cavity. Of what importance is it to have the measurement within a centimetre? Is it not better on this point to commit a slight error than to expose the patient to the danger of death? I hold, then, that in the great majority of cases, the ordinary means of measurement are quite sufficient, and I would prefer that the use of the uterine sound should be restrained to exceptional cases, wherein the dimensions of the uterus can not be appreciated by the ordinary methods.

I come now to the treatment: M. Huguier has proposed the amputation of the intra-vaginal portion of the uterine neck: 1st, In all cases where the hypertrophic lengthening presses five centi-

metres ; 2nd, When this lesion produces great inconvenience or painful accidents ; 3rd, When all the other means of treatment have failed. These precepts are excellent, but, unhappily, M. Huguier has not always followed them strictly. Indeed, on analyzing the cases reported in his paper, any one may be convinced that our honorable colleague has operated sometimes without having tried the ordinary remedies, where the length of the neck did not exceed four or five centimetres.

M. Huguier declares that amputation of the neck of the uterus, below the insertion of the vagina, is not a grave operation. It is true that he did not lose any of his patients, but the greater number have suffered from grave accidents, and in particular from abundant hæmorrhages, which required the tampon to control them. I can not regard this operation as inoffensive. I remember having assisted, some fourteen years ago, my master, M. P. Dubois, in amputating the neck of the uterus, which was very soon followed by the most terrible results. M. Giraldes lost a woman at La Charité, on whom he made the same operation. During my *externat* in the service of Les Francs, I saw several women die in consequence of this operation, and I am convinced that more than one surgeon in this academy could cite grave results, or even deaths, caused by the ablation of the neck of the womb. I declare, then, that it is a very grave operation, which may compromise the lives of the patients, either by peritonitis or hæmorrhage. It is very rarely necessary to have recourse to it, and only to practice as an extreme measure, in cases of absolute necessity, after having exhausted the series of ordinary medications proposed for the treatment of hypertrophy of the neck of the uterus : repose, astringents, calming remedies, the divers modes of cauterization, and particularly that by the *fer rouge*. Add to this that women are not always very much inconvenienced by this infirmity, and that they can more frequently attend to their ordinary duties, and even have children, as we may be convinced by reading the facts reported by Duges and Boirin, and by M. Herpin, of Geneva.

THERE is going up, in Twenty-Third street, near Sixth Avenue, New York, a splendid edifice for the "College of Veterinary Surgeons," which is to cost about \$40,000.

Correspondence.

BOSTON, May 7, 1859.

EDITORS OF THE LANCET AND OBSERVER :

Spring days have come at last, and once more we begin to feel the gentle winds and the genial warmth of the sun, much to the relief of our pulmonary patients. Still, at this season of the year, we experience more or less the chill east winds, fresh from "old ocean's" surging depths. As the returning season for travel approaches, the physician begins to cogitate in his own mind how best he can beat a silent retreat from his daily toils and enjoy a few holidays, which he so much needs, for his own mental and physical comfort.

The sixteenth annual Registration Report of Massachusetts, for 1857, is a valuable document of about 350 pages, replete with tables, statistics, and summary observations, from the pen of Dr. Josiah Curtis, of this city. I can find room for only a few items. The number of registered births in the State during the year 1857, exclusive of the still-born, was 35,320, being an increase over previous years, giving very nearly one birth to every 34 persons in the estimated population. Of the mothers, 365 (one for every day in the year) gave birth to twins, and three to triplets; and of the women producing children, 1 in 95 had twins; and there was a case of triplets for every 122 cases of twins, and every 11,524 cases of single births. There were 242 illegitimate births, 66 occurring in the three State almshouses, leaving the remainder to be accounted for otherwise.

In regard to sex, with a collection of over one hundred million births from various cities in this country and Europe, the facts show that 1,073 boys to every 1,000 girls are born alive. Over 1,000,000 recorded births in the United States show 1,066 boys to 1,000 girls, and in this State, for the last thirteen years, 1,054 boys to 1,000 girls. Of the 739 still-births registered, 61.49 per cent. were males, and 38.51 per cent. females, showing a large preponderance of deaths in males *in utero*.

The number of marriages reported was 11,739, indicating that 23,478 persons have listened to the wooings of wedlock. This

gives one marriage to every 100 inhabitants, or one per cent., which is the average for the last five years. Among the notable extremes of ages of the parties married is a male of 16 whose bride was 39, also a male of 37 with a bride of 14 years.

Although the registry of deaths is not complete, yet, from the records, there were 21,280 deaths, exclusive of 739 still-births, 10,703 being males, and 10,485 females, leaving 92 whose sex is not given. This is an increase of 546 deaths over the preceding year. The mortality, according to the population, was 1.757 per cent., or one death in 57 persons living.

The causes of death are enumerated, and *pulmonary consumption* takes the lead in fatality as usual, numbering as its victims during the year 4,625 individuals; or, upon an average, of about ninety persons per week, or nearly thirteen per day, including the young and promising, as well as those in adult life. It must be admitted that many deaths escape registration, thereby rendering the records somewhat incomplete.

The tables of vitality and life annuities are exceedingly interesting in solving the great problems in political arithmetic, and the expectation and probable duration of human life. Such reports as these contain a vast amount of facts which can only be understood by an attentive perusal.

At the Sanitary and Quarantine Convention in New York, last week, Boston was well represented by several of our physicians. Dr. H. G. Clark, city physician, from the committee of internal hygiene, presented a sanitary code for cities, which is a very able and well arranged document. It treats of sanitary survey, sewerage, cleansing, slaughter houses, markets, dramshops, and drinking houses, laying houses, cellars, new streets and houses, supply of water, ventilation, pleasure grounds, epidemic and contagious diseases, vaccination, interment of the dead and general provisions, with an appendix. If the well digested regulations of this code were carried out in the true spirit of the law, the amount of life prolonged, and health preserved, would be almost incalculable. The next convention will be held in this city, and I notice that committees have been appointed to report some specific quarantine regulations for yellow fever, cholera, typhus fever, and small pox; also upon the following subjects: 1. Food, its qualities and condition in large cities and large towns, and the facilities requisite

for supplying the same, together with plans and suggestions for the proper arrangement for butcheries, markets, and *abbatoires*; 2. Civic cleanliness, with plans for the disposition of offal, refuse street-cleanings, and night-soil of cities; 3. The legal restrictions for the control of the sale of poisonous and dangerous drugs; 4. Architectural improvements, with reference to personal and public hygiene.

Dr. J. M. Warren has amputated twice at the hip joint within a year, at the Massachusetts Hospital. The first case, a boy, had the femur badly injured. The result was fatal; the patient did not seem to rally from the shock of the accident. The last case occurred a few weeks ago. The patient was a young man, with a bony tumor of the femur. The result is recovery. I believe these two are the only operations of the kind ever performed at this hospital.

The State granted, last winter, a large sum of money for the erection of a museum of natural history, provided the same amount should be raised by private subscription. A larger sum has been pledged, and the corporation duly organized, ready to proceed to the building of the museum at once. Prof. Agassiz has specimens enough already to fill a large building.

The Homœopaths realized, at a recent fair in this city, about fourteen thousand dollars, for the establishment of a dispensary. The American Institute of Homœopathy will meet here the first of June, when a public demonstration is proposed. This is their method to enlist the sympathy of the public, and the bait often takes.

The annual meeting of the Massachusetts Medical Society will be held here on the last Wednesday of this month, and the Fellows will dine together in Faneuil Hall. We send you a cordial greeting to meet us at the festive board.

B.

GILEAD, Wood County, Ohio, May 13th, 1859.

EDITORS LANCET AND OBSERVER :

In the May number of the *Lancet* I read with interest Article III., "Cases in Ophthalmology," by E. Williams, M.D., of Cincinnati, which brings to mind a case that came under my observation some time ago. My object in calling up the case is to

confirm the Doctor's remarks in regard to the early removal of foreign bodies from the eye, as soon as they can be detected.

A boy nine years old was bursting caps on a stone, with a hammer, when a piece flew into his eye. It lodged in the schlerotic coat without penetrating the anterior chamber, and it presented externally, so that it could have been seized and withdrawn with a fine pair of dressing forceps. When I saw him first it had been in some days, and there was a high inflammatory action, owing to the irritation, especially in the palprebral conjunctiva, which was scratched every time it came in contact with its globe. I insisted on removing it immediately, but through the obstinacy of the boy and the non-coercion of the father, I was not allowed to operate. The inflammatory symptoms were after a long time subdued, but there is opacity of the cornea, consequently total loss of vision.

Through the action of the lachrymal secretions the projecting point was oxidized and removed; the wound healed with the above result. There is no doubt but many eyes are destroyed through neglect in not having them attended to in time.

Yours,

A. J. GARDNER, M.D.

Editor's Table.

The Twelfth Annual Meeting of the American Medical Association, held in Louisville.

We had the pleasure of attending the twelfth annual meeting of the American Medical Association, in Louisville. Our readers will find an abstract of the minutes in this number; so we will confine ourselves to giving some notes and impressions, as we observed them.

Dr. Lindsly, the President, called the association to order at 11 A. M., Tuesday, May 2, when the Rev. Dr. Robinson, of Louisville, offered up a prayer. The President then directed the delegates, by States, to retire and appoint one of their number to serve on the nominating committee. After the President had announced the nominating committee, it retired to report the officers for the ensuing year. During their absence the President deliver-

ed his valedictory address, which was an able, chaste, and eloquent effort.

Considerable excitement of a local character had existed among the friends of two distinguished gentlemen of Louisville, as to which of them should be President. The committee very justly, we think, reported the name of Prof. Henry Miller, for President, which was received with great applause. He was conducted to the chair, and delivered a brief address pertinent to the occasion.

There was not much business of unusual importance before the association. A majority of the committees appointed at the last meeting failed to report. The nominating committee was instructed to continue no one on a committee who had failed to report. Probably the most important report was read by Dr. J. Lindsly, of Nashville, recommending that the association hereafter be divided into the five following sections: 1. Anatomy and Physiology; 2. Chemistry and Materia Medica; 3. Practical Medicine and Obstetrics; 4. Meteorology and Epidemic Diseases; 5. Surgery. This report was adopted. Its advantages, we think, are obvious to every one. It will certainly tend to make the association a working body.

The committee on prize essay reported that no one of the papers sent in were deemed worthy of the prize. We believe that, as all the members of the committee did not reside in Louisville, sufficient time was not given to the examination of the various essays. We have reason to believe that there was one paper which at least deserved honorable mention. Prof. Joseph Jones had prepared an essay, entitled "Observations on some of the changes of the solids and fluids in malarial fever," but did not succeed in getting it before the committee in time. He was requested to give an abstract of it, and left the impression on the association of its originality and ability. Prof. Eve moved that the prize be given to Prof. Jones; but afterwards the resolution was withdrawn, and the paper referred to the committee on prize essay, to report by the 1st June. Prof. Jones, although a young man only twenty-four years of age, has a brilliant future before him. His reputation at present may be envied by any man.

Some very able reports were presented. The amendments to the constitution, which had been on the table since the last meeting, did not meet with great favor. The one proposing to amend

by requiring that all the delegates for the future shall be graduates of some respectable medical college, was lost by a large majority. We regretted the action on this matter.

The subject of medical education came up, but was only discussed by a few persons. As the Teachers' Convention had failed to do anything—to report any plan to elevate the present system, the discussion took a wide range. There was a lively interest manifested by all that something might be done, and we opine the day is not very distant when *something* to better our present system will be done. A committee, it will be seen by the minutes, composed of professors and laymen, was appointed to report on the subject at the next meeting.

The association was composed of a very fine looking body of men—the great majority being “enthusiastic admirers and well-wishers of their profession.” We made many pleasant acquaintances from various parts of the country. Some expressed their disappointment with the meeting. We thought, and now express our opinion, that they are chiefly those persons who are never pleased. It is astonishing to find the number of doctors who go to medical conventions for the purpose of *being instructed—of hearing original papers*. This is all well enough, but it seems to us that this small class of individuals, going about “like roaring lions, seeking” what “they may devour,” live in a state of great darkness and famine. If the association had failed to elicit a single paper, its effect on the profession at large would be of the most beneficial character. We confess we were greatly *instructed* and entertained with the deliberations of the association.

As for the social entertainments of the profession and citizens of Louisville, what shall we say? Commencing on Monday, the association was entertained every evening with Kentucky hospitality, generosity and elegance. Could we say more? Does not every man, woman and child in the land know that no State or people in the world surpasses her beautiful women, gallant and brave men in open-hearted hospitality? The association had numerous evidences of the truth of our remark. Drs. Flint and Rogers each gave very handsome receptions. On Tuesday evening they were followed by receptions by Mr. and Mrs. Geo. D. Prentice, Mr. and Mrs. James Trabue, and the Hon. James Guthrie. We can only say of these last, that they were char-

acterized by "a feast of reason and a flow of soul." To crown them all, and throw over them a charm, there was the beauty and wit of Louisville's fair daughters. On Wednesday evening the President, Prof. Henry Miller, and Prof. Bullitt, opened their houses to the association, at both of which the members passed a delightful time. On the same evening, Mr. and Mrs. B. J. Adams gave a large and brilliant party, from which, it seemed to us, many members tore themselves away with great reluctance. On Thursday at 12 m., the last day of the session, Mr. and Mrs. R. J. Ward entertained the association in sumptuous style. This entertainment was the more gratifying, as it was evidently a mark of Mr. and Mrs. Ward's regard for the profession. On Thursday evening the citizens of Louisville gave a grand ball to the association. It was a magnificent affair, from beginning to end. Every requisite necessary to the success of such an affair was present. The profession of Louisville certainly has a warm place in the hearts of its citizens. We truly rejoice to find it occupying so high a position. The association is certainly indebted to the profession and people of Louisville. We do not think that a single man came away in any other than the most delightful humor.

The patriotism and the national character of the association were manifested on one or two occasions during its session; especially during the speech of Prof. Crosby, in reply to Prof. McDowell, of St. Louis, when he said that he who came to the meeting of the association knowing any north, south, east or west, was but half a man.

It is refreshing, amid the howls of political and theological fanatics for a dissolution of our great and blessed Union, to be identified with a profession whose sole and only aim is the welfare, physical, moral and mental, of every human being in the Republic. Long live the American Medical Association! It has done a great work, and is bound yet to do a greater one for the profession and the people of the country. Let no man say he defies its action, any more than he will attempt to defy the public opinion of the country at large.

A Free Hospital at Detroit.—Mrs. Ann Martin, a wealthy huckster of Detroit, has donated to that city landed property to the value of \$20,000 for use as a free hospital.

Indiana State Medical Society.—We had the pleasure of meeting the brethren of the Hoosier State, during the meeting of their State Society, held at Indianapolis on Tuesday, Wednesday and Thursday, the 17th, 18th, and 19th of May ult. Our Indiana friends are most excellent workers, and their recent meeting was conducted with harmony, spirit and profit. Several carefully prepared reports were presented. Of these we chanced only to hear those of Prof. Meeker, of La Porte, on the history of the treatment of ununited fractures—a very thorough and minute résumé of the whole subject; a report on syphilis, by our friend Dr. Houghton, of Richmond, and Dr. Fishback's report on medical education. On Tuesday evening Dr. Bullard, of Indianapolis, delivered an attractive, popular address in the State House on "The Physician." It contained many happy thoughts, and happy hits, and was well received. On Wednesday afternoon, also, Dr. Bullard gave the gentlemen of the State Society a handsome entertainment, at which occasion sundry good things to eat and drink were discussed with commendable industry and success; and a great deal of wit, toasts and speeches abounded, together with a good state of feeling generally. Amongst the guests we had the pleasure of meeting those very worthy brethren, Dr. Gaston, of South Carolina, and Prof. Byford, of Chicago. The Society had the good taste and appreciation to elevate to the Presidency for the ensuing year that faithful worker in our professional ranks, Dr. David Hutchinson, of Mooresville.

Cincinnati Summer School of Medicine.—As this number of the *Lancet and Observer* is going to press, the Spring course of lectures in this institution are closing up, after a very pleasant and successful session. The health of one of the members of the Faculty was such as to prevent his giving his anticipated course, but in other respects we believe the session has been fully satisfactory to all interested. The attendance was good, and the interest on the part of the class well sustained throughout. In addition to the lectures and examinations, very fine opportunities for clinical study were presented in the Commercial Hospital wards, and abundant facilities for anatomical pursuits to all that desired.

The private course of Dr. Clendenin, we also learn, was very

successful ; the demonstrations being more full and complete than can generally be given in the course of regular anatomical teachings as connected with our winter lectures.

Resignations of Dr. George B. Wood.—We learn from the *Philadelphia Reporter* that Prof. George B. Wood has tendered his resignations in the two prominent positions he has held for so many years with such marked ability. The resignation of the chair of the Theory and Practice of Medicine, in the University of Pennsylvania, is to take effect at the close of the next course of lectures. His resignation of the post of Physician to the Pennsylvania Hospital takes place immediately, and is already filled by the election of Dr. F. G. Smith to fill the vacancy—a most fit and proper selection.

The *Reporter* very truly remarks : “There are few men in this country who have served their profession as honorably, faithfully, and disinterestedly as Dr. Wood has, and it is not too much to say that the news of his retirement from the active duties of the profession will be received by his brethren with universal regret.”

Ohio State Medical Society.—The earnest working spirit of our brethren of Indiana has stimulated afresh our desire to see a large turn-out at our own meeting at Columbus on the 7th inst. ; and as several of our neighbors propose to visit us in the capacity of delegates at that time, we hope not only the profession of the State will be on hand, but that committees will be fully prepared, and thus send back an honorable report of both our capacity and industry.

Bills for 1859.—The receipts on this volume have, thus far, been better than for any previous year, and our friends who have been thus prompt will receive our sincere and hearty thanks. There are still many, however, in arrears, and to these we shall send out bills in our next issue, though we think it will be vastly more pleasant to all parties to *send out receipts* instead. During the past month there has been a large falling off in payments, which we hope to see compensated in an excess in the months to come. We send out to a larger list than ever before, but our expenses, of course, are increased *pro rata*.

The Teachers' Convention at Louisville.—As we anticipated, this meeting, which was held on the day previous to the assembling of the National Association, accomplished no result. About twenty colleges were represented—but none of the older and more prominent of the eastern institutions were included in this number. Nothing was done except the appointment of a committee to report next year; and, as may be seen by the proceedings, the American Medical Association appointed a committee to confer on behalf of the Association with this committee from the Teachers' meeting.

Velpeau and his Betre Noir.—"Unfortunate M. Velpeau! Wherever he goes he is pursued and besieged by questions about *Le Docteur Noir*. Every Monday at the Institute, every Tuesday at the Academy of Medicine, people press and crowd around him; some offer him their thanks, some blame, some justify, some criticise him. Any one with a less solid head than he possesses would lose their senses altogether."—*L'Union Médicale*.

Proceedings of the American Medical Association.—We are indebted to files of the *Louisville Journal* for the very correct abstract of the proceedings of the meeting of the American Medical Association. The space occupied by these proceedings, together with the somewhat lengthy lecture of Dr. Tripler, prevent the usual variety of our contents, but we presume our readers would hardly consent to the omission of either article from this journal.

Death of Humboldt.—This most remarkable man of the age is dead—it being announced amongst the recent advices from Europe that he died in Berlin, May 6th. Had he lived until September 14th, he would have reached his 90th year of age.

To Contributors.—We have accepted articles on file from Prof. Cooper, of San Francisco, Dr. Chadwick, of Indiana, and Dr. Taylor, of Cincinnati, all of which will probably appear in our July number.

Cupping and Leeching.—As may be seen by his card, Mr. Jno. S. Kohl, that well-known Cupper and Leecher, has removed, and may hereafter be found at his place on south side of Sixth street, near Southgate House.

Louisville Marine Hospital.—While attending the meeting of the Medical Association at Louisville, we visited this Hospital, and received the annual report from Dr. Hundley, the Superintendent. From it we learn that 720 patients were admitted during the year ending March 10th, 1859. Of this number 595 were discharged, 69 died, and 56 remained under treatment. The mortality was 9 6-10 per cent., or one in 10 4-10.

M. Begin, a very old and distinguished surgeon, a voluminous writer and contributor to the Dictionary of Medical Sciences, died Feb. 15th, from cerebral hæmorrhage. For several years past he was a medical inspector in the French army.

Correction.—In our last, in reference to the mortality in the Commercial Hospital, we stated that it was one in 16 2-3; it should have been one in 15 4-10.

New Books.—We have received Tanner on Diseases of Infancy and Childhood, and Five Essays by J. K. Mitchell, M.D., but too late for a notice in this number.

Doctor M. Faure, who has pursued his researches on artificial anæsthesia with the most praiseworthy perseverance, has just communicated to the Surgical Society of Paris some new experiments full of interest.

A great many surgeons have studied the question in regard to the dose of chloroform. A good many think it can not be determined. Every one understands the necessity of a mixture of a certain proportion of pure air with the inspired chloroform. M. Faure has, in our opinion, resolved at the same time this question in the most simple and satisfactory manner. The mouth being closed, the patient breathes by one nostril atmospheric air, and by the other the vapor of chloroform. The mixture of the two fluids is then assured in satisfactory proportions; insensibility is produced very quick and disappears as quickly. The quantity employed is remarkably small, two or three grammes on an average. The instrumental apparatus is very simple. The sensorial and intellectual faculties are in general a great deal less impressed than the general sensibility, which is opposed to the fine theory of M. Flourens. Sixteen patients have already been operated on by this new process; the results have been perfectly conclusive.

We shall notice very soon again its progress. One of the *desiderata* of surgical anæsthesia for a long time sought for, appears to us to be filled.—*Gazette Hebdomadaire*, No. 16, 1859.

Medical Convention for Revising the Pharmacopæia of the United States.—The medical convention for revising the Pharmacopæia, which met at Washington in May, 1850, provided for assembling a convention for the same purpose in the year 1860, by the following resolutions :

“1. The President of the convention shall, on the first day of May, 1859, issue a notice requesting the several incorporated State Medical Societies, the incorporated Medical Colleges, the incorporated Colleges of Physicians and Surgeons, and the incorporated Colleges of Pharmacy throughout the United States, to elect a number of delegates, not exceeding three, to attend a general convention, to be held at Washington on the first Wednesday in May, 1860.

“2. The several incorporated bodies thus addressed shall also be required by the President to submit the Pharmacopæia to a careful revision, and transmit the result of their labors, through their delegates, or through any other channel, to the next convention.

“3. The several medical and pharmaceutical bodies shall be further requested to transmit to the President of this convention the names and residences of their respective delegates, as soon as they shall have been appointed, a list of whom shall be published under his authority, for the information of the medical public, in the newspapers and medical journals, in the month of March, 1860.”

In accordance with the first of the foregoing resolutions, the undersigned hereby requests the several bodies mentioned to appoint delegates, not exceeding three in number, to represent them in a convention for revising the Pharmacopæia of the United States, to meet at Washington on the first Wednesday in May, 1860; and he would also call the attention of these bodies to the second and third resolutions, and request compliance with the suggestions therein contained. GEO. B. WOOD,

President of the Convention of 1850.

PHILADELPHIA, May 1st, 1859.

Editorial Abstracts and Selections.

1. *Is Scarlatina Contagious?*—Scarlatina has been quite prevalent during the last two or three years in this locality (Queechy, Vt). It has made its invasions alike in very elevated and low situations. The question of its contagiousness constantly arising, led me to observe it as carefully as possible, with a view of noting the evidences *pro* and *con*; and it has seemed to me that the testimony decidedly preponderates in favor of its non-contagiousness.

This question is not only important in a scientific view, but the interests of humanity require its solution. I have repeatedly seen a family almost entirely deserted by the neighbors, because they feared the disease was *catching*, which is the popular belief.

In two of our standard works on Theory and Practice, by Dr. Watson and Dr. Wood, we are told that scarlatina is contagious. Having the highest respect for these two eminent men, and remembering a few words of that celebrated aphorism of our father Hippocrates, "*Experience is deceptive and judgment difficult*,"—I feel like stating my own observations with great modesty.

In a family numbering ten, including servants, there have been three or four cases of scarlatina, at different periods, with intervals of several months or a year, and no other member of the family took the disease, though all were exposed to it.

D. C. was attacked with the most severe form of scarlatina, and died in five or six days. Several children in the family were often in the room, and constantly exposed to whatever contagious influence there might be, but not one of them had the disease; while two families, one-fourth of a mile on each side, who carefully avoided going near the residence of the patients, had several children attacked with it. Numerous instances like the foregoing would seem to prove its non-contagious character. What has been the observation of others?—*Boston Med. and Surg. Journal*.

2. *Radical Cure of Reducible Inguinal Hernia*.—We are glad, indeed, to state that the operation of the radical cure of reducible inguinal hernia is now becoming pretty general throughout the

metropolitan hospitals. The operation itself, together with the instruments, although variously modified to suit the taste and ideas of the surgeon, all tend to effect one and the same object, namely, the complete obliteration of the sac formed by the descending hernia. A soldier or a sailor who may have hitherto been considered unsound and incapable for further service, from being ruptured, can now have his rupture radically cured, with an almost utter impossibility of a return of the malady in the same situation. The closed-up sac, if anything, adds additional strength to the parts. On the 11th inst., we saw a man, sixty-three years of age, in the Westminster Hospital, under Mr. Brook's care, with a reducible inguinal hernia of ten years' standing, and a stricture of the urethra of about the same duration. He had worn a truss for the former, but this apparatus never effectually kept the hernia reduced. Wood's modification, or as it is now called, Wood's operation, was tried in this instance with perfect success. We have seen Mr. Henry Lee, at King's College Hospital, lately perform Wutzer's operation with success; and Mr. Fergusson very recently successfully treated a case of left inguinal hernia in a young man at the same hospital, using a modification of the plug employed in the operation, which it is impossible here to describe without engravings. At St. Bartholomew's and University College Hospitals, numerous patients are submitted to operative measures with equal relief. The public are now becoming aware of the utility of the operation, and the freedom from almost all risk attending it; and the consequence is, a number of applications at our public institutions for surgical relief by those who are afflicted with hernia.—*London Lancet.*

3. *Atropine in Epilepsy.*—Dr. Maresch does wonders with atropine. He is physician of a lunatic asylum at Vienna. His experiments were made on eight females in one section of the establishment, and upon four men and six women in the section of the incurables. Of the eight females three were cured outright, and the state of five was greatly and markedly improved. Of the ten incurables, eight had the violence and frequency of their epileptic convulsions notably diminished. One-fiftieth of a grain of atropine caused dryness of the throat, difficulty of speech, aberration of vision.—*Med. Times and Gazette.*

THE

CINCINNATI LANCET AND OBSERVER.

CONDUCTED BY

E. B. STEVENS, M.D., AND JOHN A. MURPHY, M.D.

Vol. II.

JULY, 1859.

No. 7.

Original Communications.

ARTICLE I.—*Case of Inversion of the Uterus successfully reduced on the Sixteenth Day.* By GEORGE MENDENHALL, M.D., Professor of Obstetrics and Diseases of Women and Children, in the Medical College of Ohio.

On the 17th of May I was requested to visit Mrs. G——, of Washington, Fayette county, Ohio, and was informed that she had a tumor within the vagina, which was believed to be an inverted uterus.

The history of the case was given to me by Dr. McAfee, her medical attendant. Mrs. G—— was 24 years of age, of good health, and in her second pregnancy; she had not menstruated since the birth of her first child, until the last of October, 1858, at which time she had a discharge from the vagina, which she supposed to be the catamenia, and from which she dated her pregnancy.

About the 20th of April she was attacked with a bilious remittent fever, for which cathartics and quinine were administered with a happy effect, and she was decidedly convalescent on the 2d of May, when she was taken in labor about 4 o'clock in the morning. Dr. McAfee saw her about 5 o'clock, and under the

impression that the uterine contractions were premature, administered an opiate, which did not affect the efficiency of the uterine action. The child was born, apparently at full term, about 6½ o'clock. In a few minutes the placenta was found in the vagina, and removed by gentle traction of the cord and hooking around it with the finger. There was very little hemorrhage, and nothing peculiar observed in the case by him at the time. The bowels were moved with castor oil on the second day, and she passed water freely. On the third day there was some difficulty in urinating, and she was placed by her nurse over hot water. At this time a tumor was discovered by the nurse and patient, just within the labia. Dr. McAfee was sent for, and found the uterus occupying the vagina, and pressing on the external parts. On the following day, when making an effort to evacuate the bladder and rectum, the uterus was in part expelled from the vagina, and laid with its body between the labia. It was, however, replaced in the vagina in a short time, without difficulty. From the time of the discovery of the tumor, it became necessary to use the catheter, which was done twice in twenty-four hours. When this condition of things was known, she stated that after the delivery of the placenta, and while being raised up by her attendants, for the purpose of changing her clothes, she felt something give way within her, and a pressure downwards, as though a large clot was about to pass away from her. She became faint, which was supposed to be caused by the upright posture and the discharge of blood, although the flow was not more than usual. On being laid down, she rallied, felt comfortable, and nothing further was thought of the matter, until the difficulty of urinating, and the discovery of the tumor.

Previous to my seeing the patient, she had been examined by Dr. Dunlap, of Greenfield, and Dr. Wilson, of Washington, as well as by her regular attendant. The probability is, that a slight degree of inversion was increased or rendered complete, when she was placed in the upright posture. Since the labor, she has had some fever, and sweat rather profusely at times. She had also a slight diarrhœa, for a few days prior to my visit.

At the time I saw her, May 17th, on the sixteenth day after the accident, she was in bed, in a comfortable condition, free from

pain or other special inconvenience, tongue clean, and pulse not very much accelerated. By examination, a complete inversion was readily made out, and the uterus occupied the entire vagina, resting against the pubes, and filling the concavity of the sacrum with considerable accuracy. [See Diagram No I.] The lips of

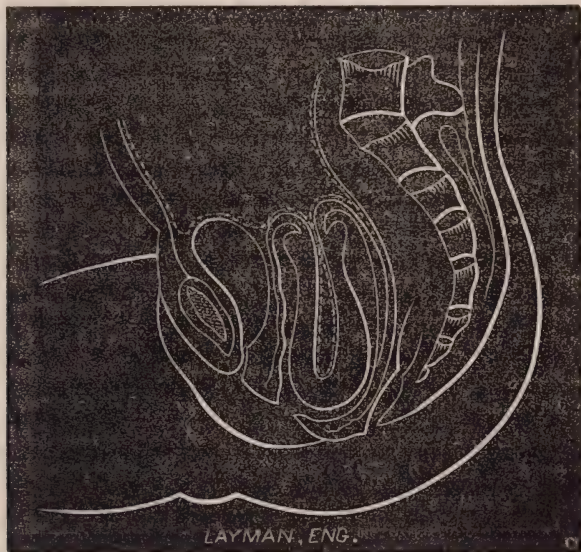


DIAGRAM NO. I.

the uterus could be felt at the upper part of the vagina by a vaginal examination; and the opening looking into the cavity of the abdomen could easily be felt by pressing above the pubes, in the direction of the axis of this organ.

It was pear-shaped, uniformly rounded; the body was $2\frac{1}{2}$ or 3 inches in diameter, and about $5\frac{1}{2}$ to 6 inches in length. It was not accurately measured, and might have varied somewhat from the dimensions given. There was some hemorrhage from the surface of the uterus, which was increased by making the examination; but there was no unusual heat, tenderness, or rigidity. My opinion was, that it was a favorable case for reduction and so stated to the physicians in attendance, and the friends of the patient. Their wish then was to have the attempt made

Drs. McAfee and Wilson, of Washington, and Patton, of Buena Vista, were present, and assisted. The woman was placed on her back, head and shoulders elevated, hips to the edge of her bed, feet resting on chairs at either side, with an assistant in charge of each leg, for the purpose of steadying them, and to be prepared to prevent improper movements of the body or arms of the patient, while the attempt at reduction was being made. She was placed under the anæsthetic influence of chloroform and sulphuric ether, one part by measurement of the former to two of the latter. This influence was easily obtained, and very satisfactory in its results. Her position was such that I could stand, (by stooping somewhat,) while making the attempt at reduction, or rest my knees alternately on the chairs upon which the patient's feet were placed, and straighten the body at the same time. The difficulty of maintaining a constantly constrained position for a length of time in this way was in a great measure avoided. The right hand was introduced, without very great difficulty, into the vagina, the body of the uterus grasped and carried upwards in a line corresponding with the axis of the pelvis, and steady pressure made in that direction, so as to put the vagina and utero-vaginal connection on the stretch. The left hand was placed on the abdomen, and the fingers against the outer edges of that portion of the uterus looking towards the cavity of the abdomen (which could be distinguished plainly); and counter-pressure was made for the double purpose of preventing injury to the utero-vaginal connections, and also for the purpose of facilitating the turning of the os and neck of the uterus over the body and fundus. I am quite certain that this manipulation increased the facility of reduction, and added to the safety of the structures involved. The cramped position of the hand was occasionally relieved by passing a large rectum bougie, which was retained against the fundus by the hand in the vagina, and thus keeping up the pressure constantly.

The turn of the uterus commenced at the neck [See Diagram No. II.], and was continued along the body until it involved the fundus. While this turning was in progress, the os could be felt enveloping successive portions of the body, until the fundus was also embraced by it. As soon as this portion was well

above the os, the bougie was relied upon entirely for the completion of the reduction; the latter part of which took place rapidly with the point of the bougie at the fundus, and which was enveloped by the uterus in its natural cavity, when the reduction was complete. The fundus of the uterus (enclosing the



DIAGRAM NO. II.

bougie) could be felt very plainly above the pubes, while the lips and neck could easily be distinguished in the vagina, by passing the fingers alongside the bougie. This instrument was left in the uterus, and an injection of fifty drops of laudanum in two ounces of starch water administered by the rectum, as soon as the effects of the anæsthetic passed off; which was in a very short time. She said she felt quite comfortable, and had not experienced much pain in the operation; her pulse and breathing were good, and no stimulant was required. The amount of blood lost was small, although the discharge was somewhat increased.

Mrs. G—— was then left in charge of Dr. McAfee, with the understanding that the bladder be evacuated three times in twenty-

four hours, with a catheter, and the bowels kept quiet for several days, unless some urgent necessity should occur requiring a laxative; and on no condition should the upright posture be assumed for several days.

On the 19th, two days after, Dr. McA. writes: "Mrs. G—— is doing as well as could be expected, and in fact much better than I anticipated. She rested well on Tuesday afternoon and night after the operation, under the enema of starch and laudanum, the urine being drawn off. On Wednesday morning the bougie was nearly expelled from the uterus by uterine contractions during the night, and was removed. Rested well all day Wednesday and Wednesday night, and feels very much recruited this (Thursday) morning. Appetite good, slight soreness of the abdomen, and some uterine pains. The catheter is used three times a day."

23d.—"Mrs. G—— is improving rapidly. On Thursday, the day I last wrote, her bowels were moved in the recumbent posture by an injection; she passed urine at the same time, and has done so freely, since, without the catheter, and controls the urinary movements perfectly. Bowels again moved by an injection on Saturday.

"I made an examination per vaginam this morning, and find the os uteri considerably relaxed—so much so as to admit the finger easily; but the position seems to be retained very well. There is no discharge from the parts, no soreness or tenderness of the uterus or abdomen, no fever; appetite good, feels comfortable and cheerful, and is anxious to sit up."

27th.—"Mrs. G—— is doing well. The os uteri still in a relaxed condition, but not so much so as at the last examination. Ordered an injection of decoction of oak bark and alum. She says she feels well enough to sit up, and is anxious to do so."

June 4th.—"Mrs. G—— is still improving; she has been sitting up, is gaining strength, and appears to be doing well."

I have been thus minute in the details of this case, for the purpose of showing the practicability of reducing an inverted uterus of some standing, and for the encouragement of those who may have such a case to deal with.

The facts, we think, now warrant an attempt at reposition at any period after the occurrence of inversion, unless specially contra-indicated.

A very instructive case is reported by Prof. White, of Buffalo, in the *American Journal of Medical Sciences* for July, 1858, where the uterus was successfully reduced after six months. Dr. W. Tyler Smith, of London, has also recently reported a case in the *Medico-Chirurgical Transactions*, of nearly twelve years' duration, in which he was successful. The os uteri in this case was rigid and unpromising, but it was made to yield by the steady pressure of an air pessary and manipulations, by squeezing and moulding the uterus with the hand twice a day. The length of time occupied in effecting it is not stated; the woman became pregnant some time afterwards. [See *Medico-Chirurgical Transactions*, published by the Royal Medical and Chirurgical Society of London, 1858.]

The rule has generally been to abandon females to their fate, when such accidents have happened, unless the opportunity of reduction occurred very soon after its occurrence.

It is to be hoped that no case will be suffered hereafter to pass without a steady persevering attempt at replacement. It appears to me that in chronic cases, the colpeurynter must afford us invaluable assistance; and is superior to the air pessary used by Dr. Tyler Smith.

ARTICLE II.—*A Case of Ununited Fracture of the upper third of the Femur, of two years' standing, successfully treated by the use of Silver Ligatures.* By E. S. COOPER, A.M., M.D., Professor of Anatomy and Surgery in the Medical Department of the University of the Pacific, San Francisco.

CASE.—William McS—, aged 53, an Irishman by birth, applied to me during the latter part of the year 1857, for the treatment of an ununited fracture of the femur, just below the trochanter major, but, not willing to submit to a surgical operation for its relief, he went away without treatment.

Six or eight months subsequently he returned, and submitted to my advice to cut down and apply metallic ligatures to the fragments of the ununited fracture. This I did by making an incision six inches long, commencing nearly opposite the upper part of the trochanter major, and continuing downwards in a longitudinal direction, on the outer part of the thigh.

The soft parts were then dissected away, so as to expose the seat of fracture. The pseudarthrosis was so complete that a delicate mass of substance filled the space between the two extremities of the bone, very much resembling the synovial cushion found between the centre of the articular surface of the tibia and the femur. In fact, nature had been actively engaged in forming a regular diarthrosis. This and all other soft substances were removed to expose the ends of the bones, when three holes were made through them, and silver wires, about one line in thickness, introduced, and their ends brought together, and twisted so as to form a firm knot at the most exposed portion of the bone.

The ligatures were about one-third of an inch from each other. The fracture was very oblique, which is rather a favorable circumstance in this method of treatment, seeing that there is no difficulty in retaining the fragments in their places, by the proper application of the wires; and the oblique fracture will unite firmly in a shorter time than the transverse, after this operation.

The wires being now adjusted, a large piece of lint, four inches long, was laid in the wound, to keep it fully open; after which a roller was applied to the thigh, and splints put on. The patient took freely of spiritus mindereri, and had the wound kept constantly wet with an evaporating lotion for five days. He was placed upon his back, with a pillow under the knee. On the sixth day the evaporating lotion was dispensed with, and warm poultices applied, the lint being still permitted to remain, to prevent its healing otherwise than by granulating from the bottom of the wound. A portion of the wound—that about the wires—was kept from healing for nearly three months, when it was ascertained that the union had been effected, after which the ligatures were removed, and the soft part permitted to heal, and the wound to cicatrize.

The wires had been previously moved every day or two for five or six weeks, in order to facilitate their removal, which was readily effected by untwisting them and cutting away one end near the bone, with the bone forceps. Little pain or inflammation attended this case during the recovery, and there was no burrowing of matter at any time. In fact, he had no constitutional disturbance, and remained as comfortably in bed as any person could

in the treatment of a simple fracture of the tibia, fibula, or any other of the smaller bones, and in about four months could walk comparatively well, and would have walked perfectly well, but for a rheumatic affection of the knee of that side, the bone being united firmly by ossific deposit.

REMARKS.—I am well aware that the plan of keeping the wound open by the introduction of lint, or any other foreign substance, would be condemned, if we judge by written authorities upon the subject, but an experience in the treatment of above forty cases of operations, for either ununited fractures or resection of joints, convinces me that the only true method of securing patients from the burrowing of purulent matter in different parts of the limb, with all the attendant pain and ill consequences, is to keep the wound wide open, admitting the escape of purulent matter as fast as it may generate. And I venture the assertion that there will be one case in every five where the wound is closed with the view of attempting to obtain healing by first intention, after resection, in which trouble will arise in consequence of burrowing of matter, and it is well known that patients not unfrequently die from this cause; whereas in the method above recommended it will hardly ever occur, and at no time does the patient suffer any inconvenience from the wound being open; and further, there are frequently small pieces of bone thrown off during the convalescence of these patients, and which, if discharged early, will cause little inconvenience, but which, if pent up in the limb, and compelled to remain a source of irritation, may perpetuate the disease for an indefinite length of time. Many limbs are sacrificed in this way, which might be saved by keeping the bones in view until they become completely covered with healthy granulation, which indicates that no further danger of exfoliation is to be apprehended. I hope all who have not already done so will try this plan, because it will bear the test of experience. I am fully convinced that slight injuries about the larger joints, which so generally prove exceedingly severe, and often fatal, are rendered so almost entirely because of being permitted to heal on the outer part first, and the high grade of inflammatory symptoms which supervene are dependent principally upon the fact that purulent matter is confined to parts about and within the joint. Who has

not often seen cases in which extensive lacerated wounds healed most kindly by granulations, even when the joint was fully laid bare? On the other hand, I have not seen a case in which a large joint was opened very freely, followed by a high grade of inflammation. Burrowing of purulent matter is the source of the greatest trouble in a majority of wounds of the limbs, and the fact should not be lost sight of, whether the injuries be accidental or made by the surgeon.

ART. III.—*Prolapsus Vaginæ*. Read before the Academy of Medicine, Cincinnati. By W. H. TAYLOR, M.D.

In the discharge of the duty assigned me, I propose calling your attention this evening to the subject of "*Prolapsus of the Vagina*"—a pathological condition of much importance, being by no means of rare occurrence, and rendering the unfortunate female who is the subject of it an object at once of pity and disgust.

It is a disease almost entirely confined to persons in advanced life, or those who have borne a number of children. The predisposing causes are, frequent labors, persistent leucorrhœa, rupture of the perinæum, ascites, tumors within the abdomen, or any cause which produces relaxation of the vaginal walls. There are three principal modifications of the affection, viz.: prolapse of the anterior wall, of the posterior wall, and of the entire circumference. As the latter rarely occurs except in connection with prolapsus uteri, it will require no attention at present. Each of the others having some peculiarities, I shall consider them separately.

The anterior vaginal wall and the bladder are so intimately connected, that the former is never prolapsed without corresponding displacement of the bladder; hence the name of *cystocele*. The various writers are not agreed as to the exciting cause of this variety. By some it is supposed that hypertrophy of the mucous membrane of the vagina first occurs. This, from increased weight, falls, dragging the bladder with it. By others it is said that distension of the bladder, with violent exertion, is always the origin of the malady. Whatever may give rise to the first displacement, the reasons for the constant increase of the tumor are quite evident. From the position of the bladder and its meatus, the

evacuation of its contents is impeded. This impediment leads to excessive accumulations, by which the vagina is stretched still further. Again, the part of the bladder involved contains the orifice of both ureters and the trigone vesicle; consequently the urine, as soon as secreted, collects in the pouch already formed and keeps up a constant distension, which induces paralysis of the muscular fibres of the portion involved, thereby removing all resistance to the protrusion.

The symptoms of cystocele are, a sense of weight and dragging down in the pelvis, with a feeling of vacuity in the hypogastrium; frequent and difficult micturition, in severe cases it being necessary to replace the bladder to allow the urine to flow. According to Sir James Clarke, a pathognomonic symptom is, "pain, with sense of constriction and dragging down at the umbilicus, the severity of these symptoms being in direct proportion to the amount of urine contained in the bladder."

Golding Bird was the first to call attention to a prominent and very distressing feature of this disease—the portion of urine retained soon decomposed, giving off ammonia. He says the urine thus rendered ammoniacal acts as an irritant to the mucous membrane of the bladder, exciting a form of inflammatory action, and the result of this is the secretion of a large quantity of mucus of a more viscid character than usual. By persistence of the irritation puriform mucus is at length poured out, and this, from the chemical influence of the $\text{NH}_3 \text{CO}_2$, becomes changed into a viscid, almost gelatinous mass, sometimes so tenacious as to form long, viscid, tough ropes of mucus, capable of being drawn out to the length of several inches without breaking. The formation of this matter greatly adds to the patient's sufferings by preventing the ready escape of the urine, even when the contractile power of the bladder is not quite paralyzed. By vaginal examination a globular or ovoid tumor, of a pink or blueish red color, is discovered arising from the anterior wall of the vagina. It is soft, compressible, and fluctuating, and varies in size according to the length of time the urine has been retained. By catheterism the tumor is reduced in size, and the instrument can be distinctly felt through its walls. When the bladder is distended the external surface is smooth and glistening, but when empty the surface is corrugated.

The finger introduced into the vagina passes posterior to the tumor. The os uteri is found in nearly the normal position. There is always an irritating vaginal discharge.

Cystocele may exist for a long time without producing much constitutional disturbance, but unless proper treatment is instituted eventually the system sympathizes to a great, and occasionally to a fatal degree. The constant traction and frequent pressure upon the ureters obstruct the flow of urine through them, thereby producing dilatation of their calibre, and of the pelves of the kidneys, with corresponding diminution of the secreting portion.

The following is the history of a case of this disease which came under my notice a few months since :

Jeannette F—, aged forty-nine, unmarried, states that about twenty years ago, while attempting to lift a heavy weight, she “felt as if something tore” in the pubic region. She experienced no inconvenience at the time. Several months afterward she detected a small tumor in the anterior wall of the vagina, which she could remove by pressure with the fingers. Soon after this she began to have bearing down sensations in the pelvic regions, with some pain in the loins. The tumor has steadily continued to increase, and for the last four years has protruded from between the labia, and for the last year has been so large as to render walking quite difficult. The attendant symptoms have not increased in intensity in proportion to the increase of the tumor. She has never had much difficulty in urinating. Three months ago began to have severe lancinating pain in the protruded portion, with sense of dragging down at umbilicus. At the same time, dysenteric symptoms supervened. These symptoms have all continued with more or less severity to the present time. For two months the portions of the tumor in contact with the thighs have been ulcerated ; has emaciated a great deal lately.

Present condition : is much emaciated ; skin, lemon tint ; feet cedematous ; has frequent bloody stools, with tormina and tenesmus ; has a rose-colored tumor about two and a half inches long, by two inches in diameter, projecting from vulva. There is an unhealthy ulcer about the size of a half-dollar on the portion in contact with each thigh. The tumor is compressible, fluctuating

when distended ; reduced in size by catheterism. The finger enters the vagina behind the tumor ; has a copious bloody discharge from vagina ; severe pain in pubic region.

The condition of this patient was such as to preclude any attempt at operation. Tonics and anodynes, with disinfectant lotions locally, were used with but little avail, and the patient died from exhaustion about five months after coming under my notice.

In prolapsus of the posterior wall, or rectocele, the most frequent exciting cause is habitual constipation. Cases are occasionally met with in which the displacement is the result of pressure in the recto-vaginal space, as from ascites, etc. In these cases the rectum is not involved.

The symptoms indicative of the posterior prolapse are, pain in the back, with sense of weight and tension in the loins, increased by exercise ; tenesmus ; frequent and generally futile attempts to evacuate the rectum, which are attended with severe pain and increase of the tumor ; there is commonly some difficulty in urinating. By vaginal examination we find a globular tumor arising from the posterior wall ; it is compressible, but not fluctuating ; the size varies less than in cystocele ; the finger enters the vagina anterior to the tumor, and the os uteri is found higher up than in prolapsus uteri, the only affection with which rectocele is likely to be confounded.

On introducing the finger into the rectum, its anterior wall appears to be deficient ; the finger can be carried forward into the tumor, and be felt through its walls. The constitutional effects of this variety are less severe than in the former, though eventually serious mischief may result from the long-continued constipation.

The following case was under my charge during the last summer : Nancy K——, aged 34, married twelve years ; been pregnant four times ; her youngest child is now six years old. She aborted at the fourth month of her first pregnancy, after which she was afflicted with prolapsus uteri for two years ; says she has been in bad health ever since her abortion. About five years since, she had ascites for several months. Four years ago noticed a small indurated mass in left iliac region ; it increased slowly

for two years, but since that time it has been growing rapidly. Eleven months ago first observed a swelling in the posterior wall of the vagina, which she says was about the size of a small walnut, and was reduced by compression. It was accompanied by dragging down sensations and tenesmus; her bowels were constipated. The swelling in the vagina was steadily increased to the present time, having protruded from the vulva for four months, and for several weeks has been so large as to prevent her walking.

At present, she has an ovarian tumor which extends upwards to the umbilicus, and beyond the median line. A globular rose-colored tumor, about two inches in diameter, projects from the vagina. It is compressible, not fluctuating; is not tender to touch; varies but little in size: it can be returned entirely within the vagina, but prolapses on removal of the support. The finger enters the vagina anterior to tumor; the uterus is found somewhat lower than ordinary. By introducing the finger into the rectum, it can be carried forward and downward; the anterior portion of the rectum not being felt. She has severe pain in lower part of abdomen, with dragging down sensations in the loins, and frequently recurring tenesmus, though the bowels are constipated. Her feet have been œdematous for five weeks. Three weeks since the operation of paracentesis abdominis was performed, and four gallons of fluid drawn off.

Owing to the complicated nature of this case, no attempt was made for the cure of the rectocele. The patient finally died from an operation for ovariectomy.

The same general plan of *treatment* is adopted in both varieties of prolapsus vaginæ. If the tumor is small, or if the patient has not passed the period of child-bearing, it will not generally be proper to resort to an operation. Astringent vaginal injections, cold hip baths, rest, and mechanical support should be the chief treatment. Great care must be taken that the contents of the protruded viscus are frequently evacuated, as in mild cases this alone may suffice for cure, and in all it is an essential adjuvant.

In aggravated cases, and where the liability to pregnancy is removed, attempt at radical cure should be made. For this purpose various methods have been proposed: one is by removing a triangular portion of the mucous membrane, the base being at the

orifice of the vagina, and bringing the edges of the wound together by sutures.

M. Jobert, of Paris, "incloses within two curved transverse lines an oval space more or less considerable, in the vaginal surface of the tumor, by means of caustic, to form an isolate spot, repeating the application of the caustic till the mucous membrane is destroyed. He then pares the edges with scissors, or a bistoury, draws them together and maintains them in apposition, by means of straight needles, the points of which are removed, and a twisted suture applied."

The plan adopted by Brown, of London, in cases of cystocele, is to remove a longitudinal strip of mucous membrane, one and a quarter inches long by three-quarters of an inch broad, on each side, just within the labia, the upper edge of the denuded portion being on a level with the meatus urinarius, and then bring the edges together by interrupted suture. He then removes the membrane, commencing about half an inch behind the "lateral points of denudation," from the side and posterior part of the vagina, forming an exposed surface in the shape of a horse-shoe. The opposite surfaces are then brought together, both by the quill and interrupted suture. By these means the vagina is contracted, and the perinæum prolonged anteriorly.

The same method, omitting the anterior dissection, is adopted in rectocele. Each of these operations has its advantages and objections, so that it is left with the surgeon to decide in a given case which mode to adopt; but in all of them the after treatment is of the greatest importance. The patient must be kept in the horizontal posture; the bowels should be restrained by opiates, if necessary, and distension of the replaced viscus especially guarded against by the appropriate means.

ART. IV.—*Scraps from Memory.* By M. R. CHADWICK, M.D.,
Mt. Ætna, Indiana.

In the spring of 1856, there were scattered up and down the country several cases of chronic ague. It may be remembered that the previous fall was remarkable for the prevalence of malarious fever, and as the season when this type of disease prevails

is approaching, it may not be unacceptable to your several readers for me to state, through your deservedly popular journal, what course I pursued in those obstinate cases.

En passant, permit me to state that the diseases of the past winter and the present spring, so far, in this regard, have been materially influenced by the malarial element. Without entering minutely into the pathology of the above named cases, I would simply state that they were suffering from congestion of the liver and spleen; some were very anæmic, which condition was followed by effusion into the cavities and cellular tissue. Quinine in these cases had been largely administered, and frequently repeated, until their systems were saturated with it; and the various nostrums had been used without apparent benefit. In view of all the circumstances of these cases, I determined to place them upon a properly guarded course of arsenic, which I administered in the form of pills and solution. My pills were made according to the following formula:

℞ Acid. arseniosum, et opii pulv., aa ʒ j.
Cinchonia sulph., ʒ vj.
Acacia, et saccharum, aa ʒ iv.
Aromatic pulv., ʒ j.
Aqua, q. s.
Fiat massa, et in pilulas cdlxxx. dividenda.

My solution was composed of

℞ Liquor potassæ arsenitis, fʒ iv.
Alcoholic solution of chinoidine (fʒij. to qt.), fʒ x
Tinctura opii, fʒ ij.
Aqua cinnamomi, vel aqua minthæ, fʒ j. M.

My treatment of these cases was to administer cathartic where it was not contraindicated. I then directed the pills to be taken, one every three hours, until sixteen were used. On the fifth day from the last chill, I directed a teaspoonful of the mixture to be taken three times a day, for three days, at the close of which I administered a mild cathartic. This course was pursued, giving the mixture for three days, followed by a cathartic, then the four days' intermission, followed by the mixture, etc., until it was all gone. Under this course, ninety per cent. of my cases made rapid progress towards health, and in a few weeks enjoyed better

health than they had done for several of the previous months. In some of these cases diuretics were used.

Of course, I do not claim any originality in the use of the remedy, but I do claim that the mode of combining and prescribing that I adopted, rendered the remedy more prompt, efficient and safe. It was prompt, because there was no return of the chill, except in a few cases, after commencing the use of the pills; it was efficient, because I was enabled to administer it in large doses; by prescribing the intermissions and mild cathartic, it was rendered safe. Indeed, there was scarcely any disagreeable symptoms manifested during its administration, nor, as far as I could trace their history, was there anything unpleasant in the final result. I might here remark that under this course (I have given it a fair trial) relapses were very rare.

There was a small percentage of these cases that proved rebellious under the above treatment, but I believe a majority of those failures was the result of irregularities in the patients themselves. Some of those cases yielded under the use of the following preparation of strychnine:

R Strychnia, gr. j.
Acidum nitricum, f3 j.
Aqua, f3 ij.

Fiat mistura. Dose—teaspoonful three times a day.

While speaking of the properties of this preparation, permit me to state that I use it in some obstinate cases of menorrhagia, in which opium and acetate of lead, as well as ergot, had been used with only partial benefit. Under the use of the strychnine mixture, the uterus gradually assumed its normal function, and as a sequence the general health was greatly improved.

While speaking of ergot, permit me to call the attention of your readers to the use of it in a condition for which I do not recollect ever to have seen it recommended. I refer to post-parturient contractions. I believe our authors generally state that the cause of the above pains is the presence of the lochia. This may possibly be the mechanical exciting cause, but I am led to think that the predisposing cause is the patulous condition of the uterus; else how do we account for the fact that primipara are seldom annoyed by after-pains?

Another fact bearing upon this subject is, that in proportion to

the number of births, especially if the product be very bulky, as a general rule will be the severity and continuance of these contractions; especially is this the case in impressible nervous subjects. I think the vital cause of these contractions is the effort of the vis medicatrix to bring the uterus back as near as can be to the condition in which it was previous to impregnation, but repeated pregnancies have so altered the tone of the muscular fibre, as to render this action to a certain extent inefficient; hence the repeated and protracted contractions.

Taking this view of the condition above referred to, I administered ergot immediately after delivery, in the dose of twenty grains, or its equivalent in some of its preparations, repeating the same in the course of an hour, in case no impression was made; which was followed by very gratifying results. In some cases the patient had no after-pains, when in previous labors they had been annoying and protracted, while in others they were materially modified, and the patients rapidly improved. Did not the ergot assist nature to bring back at once the uterus to its normal condition? Will not the administration of ergot supercede the necessity of protracted uterine post-parturient contractions?

ART. V.—*Case of Cephalic Version.* By S. BONNER, M.D., Cincinnati.

The following report of a case occurring in my practice some months since may not be without interest to many of the readers of your excellent journal, as I believe all the authors—at least all with whom I am familiar—not only oppose, but condemn an attempt at cephalic version in shoulder and back presentations, for reasons which I believe to be rather imaginary than real. Some consider it impracticable; others oppose it from what they conceive a great liability of rupturing the uterus, which indeed, if true, would be a most serious objection; but I can not conceive how the manipulation in cephalic version should be more hazardous than that of turning and delivering by the feet, the plan always recommended. Now, I contend there is more risk of this fatal accident in the latter than there is in the former. In turning, the accoucher, in searching for the feet, must introduce his hand high up into the uterus, which acts as

an additional stimulant on that already highly excited and irritable organ, increasing its contractile and impulsive efforts to a degree not only distressing to the patient, but greatly embarrassing the operator in his endeavor to accomplish his object ; whereas in cephalic version the difficulty is not as great, for only the fingers enter within the os uteri, and the rotation of the child produced is only one-fourth of that produced by turning, hence I think it the safest method, being less liable to rupture the uterus ; and so far as the safety of the child is concerned, it has decidedly the advantage, for every practitioner has had to regret the great number of still-born children in foot and hip presentations, a result which, being unprovided with forceps to hasten delivery, he finds beyond his power to prevent.

Mrs. A., in her thirty-sixth year, being at her full period, was taken with labor pains in the night, February 23, when I was called on to see her. She had had four previous confinements, the last three of which were natural. Children all living. Her first child in birth was a hip presentation and still-born. On examination I found the os uteri dilated to its utmost extent, the vagina and cavity of pelvis occupied by a very large sac of water, but was unable to touch any presenting part of the fœtus. I soon, however, ruptured the membranes, when an inordinate quantity of water escaped, after which there was an entire cessation of pain, and which state of quiet continued from 3 o'clock to 9 A. M. At this time, becoming somewhat impatient, I commenced giving ergot every fifteen minutes, until a sufficient amount of pain was produced to enable me to feel a presenting point, which I at first supposed to be the breach ; but finding no advance, I was induced to make a thorough examination by the introduction of my hand into the vagina, when I discovered, by carrying my fingers along the part at first supposed to be a thigh, that a hand, instead of a foot, was attached to its extremity. This was the left arm, which was elevated so that the hand was in contact with the neck, the head occupying the left iliac region. Now the question in my mind very naturally was, how shall I proceed ? The turning process, I was fearful, would result, as in her first delivery, fatal to the life of the child, a consequence very distressing to the fond mother.

Knowing that cephalic version had been successfully manipu-

lated by Dr. M. B Wright, of our city, some years since, I at once determined to make the effort, and, if possible, to complete the labor in the natural way.

Having no assistance except the nurse—a sensible and intelligent woman—after placing my patient in the most favorable position to enable me to use both hands, as necessity might seem to require a change, I proceeded by introducing my right hand, placing two fingers on each side of the neck of the child, thus being enabled to apply sufficient force on the shoulder to produce the necessary evolution, which, in less than ten minutes, I was enabled to do, and had the satisfaction of placing the head in the superior strait, and, by another manœuvre, of giving it the direction of the first presentation, or what is termed the “left occipito-cotyloid position.” I had the satisfaction, in about an hour after, to see the labor completed by the birth of a fine, healthy and strong child, weighing eleven pounds. The mother’s recovery was favorable and rapid, unaccompanied by even the slightest degree of fever, except for a few hours at the period of lactation.

ART. VI.—*Obliteration of the Lachrymal Sac by the Actual Caustery.* By E. WILLIAMS, M.D., Cincinnati.

The practice of destroying the tear sac, both by the hot iron and caustics, for the radical cure of fistula lachrymalis, dates very far back in the history of surgery. From the time of Celsus, fistulæ of the sac were treated just as fistulous ulcers in other parts of the body, by excision of the indurated track, and subsequent cauterization. They thus produced occlusion of the receptacle of the tears, without intending or even knowing it; because they were ignorant of the anatomy of the lachrymal passages.

A Florentine surgeon by the name of Nannoni, who was born in 1715, was the first to establish upon a firm basis the *intentional obliteration* of the sac. In a dissertation published in 1748, he gives a full account of this heroic plan of treatment, which has since been so highly eulogized by many surgeons, and so bitterly denounced by others.

As to the comparative merits of the different means of treatment in diseases of the lachrymal passages, I shall speak more

fully at some future time. At present I wish merely to explain the method adopted by Desmarres, Graefe, and other eminent European ophthalmologists, for the purpose of obliterating the sac in cases of lachrymal tumors and of fistulæ. The operation will perhaps be best understood by the narration of a few cases in my own practice.

Case 1.—M. C., aged about 30, stout and healthy, a stone-cutter by profession, applied to me in the spring of 1856. He stated that he had been troubled with a watery state of the eye for several years, which caused him to wipe it frequently, and thus annoyed him in his work. Some twelve months since he discovered that there was a little fulness at the inner angle of the eye, and some tenderness to the touch. This swelling increased rapidly, with severe pain, and extended to the whole side of the face. Finally the abscess of the sac pointed and opened spontaneously, with immediate relief to his sufferings, and rapid subsidence of the swelling. But there had remained, ever since, some fulness and redness over the region of the sac, and an ugly-looking fistulous opening just below and a little internal to the inferior margin of the orbit, through which he could press out frequently, through the day, large quantities of muco-purulent matter. The globe of the eye was almost constantly floating in tears, and there was considerable inflammation of the conjunctiva, especially of the inferior palpebral portion.

On examining the fistula with a probe, I found that it communicated with the sac, which was itself very much increased in size by the frequent accumulations of matter.

I advised him to submit to the application of the actual cautery, as the promptest and surest means of relief from the deformity and annoyance produced by the tumor and fistula. I warned him, however, as I always do, that he might be troubled, after the cure of the fistula, the suppuration and deformity, by occasional accumulation of tears in the eye. This damming up of tears in the eye, and their discharge now and then over the cheek, usually diminishes gradually, and in many patients disappears entirely after some months. In some cases the eye is free from any annoyance of the kind as soon as the sac is completely obliterated. I performed the operation as nearly as possible after the method of Desmarres, as described and figured in his excellent work on the eye.

An assistant standing behind the patient, who was seated on a firm chair, made the tendon of the orbicular muscle tense by traction upon the skin, at the outer angle of the eye, with one hand, and drew the internal end of the brow upwards with the other. With a pointed bistoury, held nearly perpendicularly to the skin, I punctured the sac above the tendon and a little external to its insertion in the ascending process of the superior maxillary bone. After entering the sac, I extended the incision downwards in a curved line, along the edge of the orbit, about one inch, dividing the tendon and the soft parts, and opening the sac in its entire extent. As soon as the hæmorrhage ceased, I washed out the sac with a syringe, and stuffed it with patent lint. The iron was then heated as nearly as could be to a white heat, in a spirit lamp, and kept ready.

Immediately on removing the lint, the two lips of the incision were well separated by a couple of blunt hooks, to prevent burning the skin, and the cautery introduced perpendicularly, and promenaded rapidly up and down, so as to cauterize freely the bottom and internal side of the sac. A second smaller iron, heated in the same way, was introduced, and the point directed first upwards into the fundus of the sac, and then downwards to its termination in the nasal duct, so as to cauterize its mucous membrane throughout. Compresses out of cold water were immediately applied and kept up for two days. On the following day the lids were red and considerably swollen, but without any decided pain.

On the fourth or fifth day after the operation the slough was thrown off, and the wound secreted a healthy pus. I simply washed out the sac each day with the syringe, and kept the incision open by a probe passed up and down in it each time before syringing. In the course of about three weeks, all the cavity being obliterated, excepting a portion at the inferior part which had some little depth, I introduced into it a small piece of nitrate of silver, which produced a little reaction, followed by the discharge on the second day of a grayish eschar. After this everything went on favorably, the sac filling up daily by granulations, till at the end of six weeks from the operation it was entirely filled by cicatricial tissues, and the wound closed.

The deformity was entirely relieved, and the source of the suppuration *dried up*; the redness of the eye disappeared, and the

parts looked quite as natural as on the other side, with the exception of a watery state of the eye, but which was, however, far less troublesome than it had been before the operation. Whether the epiphora ever ceased entirely I do not know, as the patient disappeared from my observation, and I have not seen him since.

Case 2.—Miss B., aged 18, of slender frame, fair skin, and presenting marks of a decidedly scrofulous constitution, consulted me on the 2nd of December, 1858. About six years before, her right eye began to run tears on exposure to a sharp wind, or other sources of irritation. Soon afterwards she observed a tumor over the sac, which increased rapidly in size, became very painful, and in a few days pointed, and was opened by a physician. It subsequently *gathered*, as she expressed it, several times, at intervals of a few weeks, and opened spontaneously; closing up again each time in a few days, as it did after the first puncture by her physician. At length, after the opening of one of these abscesses, there remained a permanent fistula.

When I first saw her, the eye-ball was quite red, and constantly bathed in tears and mucus. There was a good deal of engorgement in the region of the sac, and a fistulous opening through the skin, about a quarter of an inch below the inferior margin of the orbit. From this opening, downwards and outwards over the cheek, the skin was elevated in the form of a purplish, indurated ridge, and the use of the probe revealed that it was undermined by a fistulous track about one inch long, and terminating in a blind extremity, from which, by pressure upwards with the finger, mucus and pus escaped.

By directing the probe upwards, it entered the much dilated and diseased sac. The deformity produced by this state of things was very great, and the annoyance by the constant flow of matter and tears over the cheek from the fistula was intolerable. Besides, the eye was always weeping, and the conjunctiva, both ocular and palpebral, was constantly red and disagreeable in its appearance. She suffered, too, at times, with severe neuralgic pains in the eye, the brow and temple; had a slight hacking cough, and was in a very bad general condition.

I operated upon her eye by the method already described. The sac was freely opened, the lower end of the incision terminating in the fistula; but I did not slit up the skin over the blind fistula

on the cheek, for fear of disfiguring her. The hot iron was energetically and freely applied, and the same after-treatment followed that was mentioned in the first case described.

The bottom of the cavity, which was quite deep, filled up rapidly by granulations, and in about two weeks from the time the cautery was applied, it had diminished about one half in size. I then introduced a piece of solid nitrate of silver, of the size of a small grain of wheat, and allowed her to return home in the country for three weeks, directing her to keep the wound open by the daily use of the probe. When she returned there was still a little cavity at the lower part of the sac, and the opening was scarcely large enough to admit a small probe. I dilated it a little with a bistoury, and introduced another small piece of caustic.

She then went home, and I did not see her again till the 11th ultimo, when I found the sac entirely obliterated, the wound healed, scarcely any perceptible cicatrix; the skin over the cheek, which was at first undermined, had become smooth and natural in color; and, in short, there was scarcely any trace of deformity left. There was, however, still some conjunctivitis, with epiphora and slight muco-purulent secretion, but the sac itself was closed so that not a drop of anything could be pressed out of it. She complained still of neuralgic pains in the brow and head, at times. I gave her a collyrium of sulphate of zinc, to be dropped into the eye twice a day, and some pills of iron, quinine and nuxvomica for her pains, and dismissed the case, since which time I have not heard from her.

Case 3.—Mrs. S., aged 56, of a scrofulous diathesis, but still tolerably healthy, came to see me on the 4th of last February. For some eight years past she had been annoyed with discharge of tears over the cheek, and a weeping state of the eye. About four years ago she noticed a swelling at the inner angle of the eye, which, however, could be effaced by firm pressure with the finger, when she always felt the matter descend into her nose. In August of last year the tumor began to inflame, and she could no longer press out its contents into the nose. It swelled rapidly and severely, but after some days the abscess was discharged through the skin, and the acute symptoms subsided. The fistula healed, but there remained a tumor of the size of a small marble, over the sac. The contents were always purulent, and

could be pressed out into the nose, with slight regurgitation through the puncta. The eye was always inflamed and watery, and, in connection with the tumor, caused considerable deformity. Besides, the constant discharge of a foetid matter gave her great annoyance.

I operated and applied the actual cautery on the 5th of last February. As soon as the incision was made a large quantity of muco-pus escaped; and on washing out the sac, I found that it was dilated to at least three times its normal size.

The iron was freely applied, and the case treated as usual. Some fourteen days afterwards there was still a cavity of half an inch in depth, and I introduced a piece of solid nitrate of silver. The sac filled up rapidly with granulations, and, in about six weeks from the operation, was entirely closed up and well. There was no scar to be seen, except on very close inspection. The suppuration had ceased, the conjunctivitis was gone, and there was no epiphora. I have heard from this patient several times since, and she is still well, and highly satisfied with the result.

Case 4.—L. D., aged 34, of sanguine temperament and stout build, farmer by occupation, was attacked in June, 1858, after exposure, by severe pain in the region of the right lachrymal sac, with swelling, which extended to the whole side of the face, and closed the eye. In about ten days the abscess pointed, and was lanced, giving vent to a large quantity of pus. The inflammation disappeared in a few days, the wound closed, and he thought himself well.

In the following October, however, he noticed a little swelling over the sac, which gradually increased till it attained the size of a small acorn, and then remained stationary. He could press out its contents into the nose, but only by using a good deal of force.

When I saw him first, on the 16th of the past month, he had a large lachrymal tumor, with some redness, and a constantly watering state of the eye. Skin over the tumor smooth and natural in color. By firm pressure with the finger, I forced the contents into his nose, but none escaped through the puncta. By an injection through the inferior punctum, the much distended sac was again filled, and became as tense as before it was pressed out. I operated upon him by the same method; found the cavity of the sac very much enlarged and extending back between the conjunc-

tival sac and the ethmoid bone for nearly an inch. The iron was carried rapidly over the whole surface of the cavity several times in succession, being heated afresh each time. Two days afterwards he returned home to Indiana. I directed him to keep the wound open with a probe, and a tent, if necessary, for three weeks, and then return. When he came back at the end of that time, some ten days ago, the cut was still well open, and the upper part of the sac already obliterated. Below there was a cavity of half an inch in depth, into which I introduced three small pieces of nitrate of silver. On the next day there was a good deal of swelling, more even than after the application of the actual cautery, but it did not prevent his going home that evening. I have no doubt but the result in his case will be as good as in any of the others; but I can not report further progress till I see him again.

Proceedings of Societies.

Fourteenth Annual Meeting of the Ohio State Medical Convention. Held at Columbus, Ohio, June 7, 8 and 9, 1859.

FIRST DAY.

The fourteenth annual meeting of the State Medical Society commenced on Tuesday morning in the room of the Supreme Court, State House, forty-two members present. The meeting was called to order, in the absence of the President, Dr. Hurxthal, by Dr. L. Firestone, of Wooster, Drs. A. Metz and H. M. McAbee appearing as Secretaries. The convention was opened with prayer by the Rev. Mr. Morris.

LIST OF DELEGATES.

L. Firestone, Wooster,	P. Canedy, Nicholasville,
James Bronson, Newton Falls,	J. W. Wilson, Fremont,
J. S. Reisinger, Galion,	M. Dawson, Fairfield Co.,
L. Slusser, Canal Foulton,	H. W. Darwin, Gettysburg,
W. L. McMillen, Columbus,	R. N. Barr, Columbus,
J. W. Hamilton, Columbus,	S. B. Crew, Batavia,
J. G. Kyle, Xenia,	J. C. McBeth, Galion,
S. M. Smith, Columbus,	A. Robb, Doddsonville,
John Davis, Dayton,	Joel Pomeraine, Mt. Hope,

R. Gundry, Dayton,
H. M. McAbee, Massillon,
G. F. Mitchell, Mansfield,
G. E. Eels, Columbus,
Robert Thompson, Columbus,
J. B. Thompson, Columbus,
B. F. Welsh, Madison Co.,
S. Loving, Columbus,
A. Metz, Massillon,
W. W. Dawson, Cincinnati,
G. J. Sachse, Columbus,
John Dawson, Columbus,
C. Robertson, McConnelsville,
C. P. Landon, Westerville,
R. R. McMeens, Sandusky,
B. S. Brown, Bellefontaine,
S. P. Hunt, Morrow,
J. Campbell, Belmont Co.,
G. M. Boyd, Xenia,
L. Galpin, Milan,

H. L. Donham,
Wm. A. Johnson, Morrow,
W. W. Bridge, Marion,
F. C. Applegate, Portage Co.,
Z. F. Guerir, Franklin Co.,
T. A. Reamsy, Hopewell,
B. B. Leonard, W. Liberty,
R. F. Sweeney, Marion,
George Maris, Columbus,
C. W. H. Mahlman, Columbus,
T. M. Cook, Monroeville,
S. S. Scoville, Clermont Co.,
I. L. Drake, Lebanon,
J. H. Rogers, Springfield,
Wm. J. Scott, Shadeville,
M. Thompson, Mt. Vernon,
J. W. Russell, Mt. Vernon,
E. B. Stevens, Cincinnati,
A. S. Williams,
W. F. Dean.

Dr. J. B. Thompson, of Columbus, from the committee of arrangements, read a report fixing the order of the business of the convention, which was adopted.

On motion of Dr. Slusser, reporters for city papers were admitted within the bar of the hall.

The committee on admission reported the following names for admission into the society, which report was adopted:

F. C. Applegate, of Portage county; R. F. Sweeney, of Marion; H. W. Darwin, of Gettysburg, Darke county; J. M. Beach, of Jefferson, Madison county; L. C. Fouts, of Eaton; Dr. Drury, of Columbus; Dr. Pearce; W. W. Bridge, of Marion; J. W. Wilson, of Fremont, Sandusky county; M. Cook, of Monroeville; C. W. H. Mahlman, of Columbus.

The election of officers for the ensuing year being in order, on the second ballot Dr. L. Firestone, of Wooster, was declared elected President.

Dr. Firestone arose and delivered a very neat, brief and appropriate address, which was received with applause.

The society then proceeded to elect four Vice Presidents. On the first ballot, Dr. B. S. Brown, of Bellefontaine; on the second ballot, Dr. Charles Robertson, of McConnelsville; on the

third ballot, Dr. John Davis, of Dayton; and on the fourth ballot, Dr. James Bronson, of Newton Falls, were declared elected.

The society then proceeded to elect two Secretaries for the ensuing year, and on the first ballot, Dr. R. Gundry, of Dayton, and on the second, W. W. Dawson, of Cincinnati, were elected.

The society then proceeded to elect a Treasurer, and on the first ballot, Dr. John B. Thompson, of Columbus, received a majority of all the votes cast, and was declared duly elected.

Dr. Grundy resigned the office of Secretary, and Dr. S. Loving, of Columbus, was elected in his place.

The committee on admissions reported the following gentlemen, who were admitted: Dr. B. F. Welch, of California, Marion county; Dr. I. L. Drake, of Lebanon; W. A. Johnson, of Morrow; Dr. Dawson, of Carroll, Fairfield county, and Dr. A. Robb, of Highland county.

The society then proceeded to vote for a Librarian, and on the first ballot, Dr. Robert Thompson, of Columbus, was unanimously elected.

The following gentlemen were elected a committee on admissions for the ensuing year: Drs. Eels, Mitchell, Pomeraine, Slusser and Sweeney.

The society then took a recess till half-past two o'clock.

Afternoon.

The society met at three o'clock, and the minutes of the morning session were read.

The chair announced the following standing committees for the year:

On Publication—Drs. S. Loving, R. Gundry, W. W. Dawson, W. L. McMillan and R. Hills.

On Finance—Drs. R. M. Barr, T. M. Cooke, A. Metz, E. B. Stevens and C. F. Applegate.

On Medical Societies—Drs. J. F. Mitchell, G. E. Eels, T. J. Mullen, W. Morehead and D. B. Woods.

On Ethics—Drs. C. P. Landon, B. B. Leonard, W. M. Prentiss, J. C. Rogers, J. G. Kyle.

Dr. Robert Thompson gave notice of his intention of presenting several papers upon medical topics for the consideration of the society.

The report of the Treasurer of the society was referred to the committee on finance, by which it appears that there is a balance of \$210 in the treasury.

A letter was read from Dr. M. B. Wright, of Cincinnati, stating that he will be here on Wednesday evening to deliver an address upon the subject of "Drunkenness, its nature and cure, or the establishment of asylums for inebriates."

A memorial from the Toledo Medical Association was read, asking the influence of the society for a law protecting physicians, which was referred to the committee on medical societies.

A paper by J. G. Kyle, of Xenia, on Epilepsy, was announced.

A letter from Prof. Kirtland, of Cleveland, submitting two papers for the consideration of the society, was read.

Dr. Loving declined to act as secretary, and Dr. Metz, of Massillon, was elected in his place.

On motion, the reading of Dr. Gundry's papers on Insanity was made the order of the day for Wednesday morning.

Dr. Metz, of Massillon, from the committee, read an able paper upon the subject of Obstetrics, which was referred to the committee on publication.

Dr. Barr, from the finance committee, submitted a report stating that the accounts of the Treasurer, which were examined, were correct.

Dr. Eells read an invitation to the convention from the members of the society to a banquet at the Neil House on Wednesday evening; also an invitation from Mr. Wilson, of the Ohio White Sulphur Springs, to visit that place on Thursday, and extending the hospitalities of his establishment. An invitation to visit the Central Ohio Lunatic Asylum was read.

Dr. Kyle read an abstract of his paper upon Epilepsy, which was subsequently referred to the committee on publication.

Dr. Maris, of Columbus, introduced a letter from Dr. Hamilton, referring to a personal matter between them, which Dr. Maris hoped would receive the attention of the society. The letter was referred to the committee on ethics.

The convention then adjourned to eight o'clock.

Evening.

The committee appointed to confer with the Legislature on the subject of amendments to the registration laws reported verbally,

through their chairman, Dr. John Dawson, that in their opinion there was a lack of interest on the part of the medical profession on this subject; and that, therefore, it is useless to agitate the subject further with the Legislature at present.

Dr. Hills moved that this same committee be continued, to report at the next annual meeting of this society upon the importance of vital statistics.

The committee on typhoid fever—Dr. Pomeraine failed to report—asked to be continued. Granted.

Dr. Landon, from the committee on obituaries, stated that but one member of the society had died during the year, Dr. Ackley, of Cleveland, and their committee was as yet unable to get the material for an extended report, but hoped to be able to do so before the society adjourned.

Dr. Bronson read an interesting paper on Empyema, which was referred to the committee on publication.

On motion, adjourned to nine o'clock Wednesday morning.

SECOND DAY.

The convention was called to order at nine o'clock A. M., by President Firestone.

The committee on admissions reported the following new members, who were confirmed by the convention: A. Braden, Carey, Hamilton county; W. C. Hall, Fayetteville, Brown county; E. C. Sharp, Williamsburg, Clermont county.

The convention proceeded to the special order of the day, which was the reading of a lengthy paper on Insanity, by Dr. Gundry, of Dayton. The paper was heard with marked interest by the society. The report was referred to the committee on publication, after considerable discussion in regard to the three lunatic asylums of Ohio, in which Drs. John Dawson, Gundry, Baker, R. Thompson, Eels and Scott participated. The discussion was chiefly upon the subject of the discrepancies between the reported number of cures in the Ohio lunatic asylums, and the Asylums of Rhode Island.

On motion of Dr. Hills, Prof. Sanford, of Iowa, was invited to take a seat in the convention, to take part in its deliberations.

An invitation was read from the superintendent of the Idiotic Asylum, asking a visit from the society at any time between the hours of nine and twelve o'clock A. M.

Dr. Robert Thompson, of Columbus, read a paper upon the subject of Cataract and other diseases of the eye, which paper was referred to the committee on publication.

On motion, the society took a recess.

Afternoon.

The society met at two o'clock, the President in the chair, and the minutes of the evening and morning sessions were read and approved.

The chairman of the committee reported the following, which was adopted :

Resolved, That the Delemater Medical Association of Norwalk and vicinity, and the Jefferson County Medical Society, be recognized as auxiliary to the Ohio State Medical Society.

The committee on admissions nominated Andrew Sabine, of Columbus, as member of the society, which nomination was confirmed.

The Secretary read the paper of Prof. Kirtland, of Cleveland, upon the subject of the use of mercurials.

On motion of Dr. Scott, a committee of three was appointed to report on diseases of the urinary organs.

Dr. Baker, of Cincinnati, moved that when the society adjourned, it adjourn to meet at the Ohio White Sulphur Springs, on the — day of June, 1860, which was agreed to.

Dr. J. W. Hamilton read an elaborate paper upon the subject of Surgery, which he illustrated with specimens. The paper was referred to the committee on publication.

The following was adopted :

Resolved, That when any committee shall have further time to report, and fail to do so, said committee shall be discharged from the further consideration of the subject referred to, and another committee be appointed.

A communication was received from Dr. Robert Thompson, asking information and material upon the subject of milk sickness, in order that he can make his report to the American Medical Society at its next annual meeting.

The committee on ethics, to whom was referred the personal difficulty between Drs. Maris and Hamilton, in reference to a certain letter written by Hamilton disparaging Dr. Maris, reported that the conduct of Dr. Hamilton was that of a high-minded and honorable man.

After an extended discussion and an elaborate statement of the whole matter, in which Dr. Maris protested against the action of the committee, the report was adopted.

The society then took a recess till eight o'clock, to meet at Armory Hall, to hear the address of Dr. Wright.

THIRD DAY.

The convention met at nine o'clock A. M. The minutes of the previous meeting were read.

The committee on admissions recommended Dr. J. T. Houston, of Jamestown, Greene county, and Dr. John A. Caruthers, of Kilbourn, Delaware county, which nominations were confirmed by the society.

Dr. Bronson read a paper which was referred, with instructions to print.

Dr. Harry M. McAbee moved that the publishing committee be instructed to print the papers of Dr. Gundry on Insanity, and Dr. Metz on Obstetrics. The motion was amended by adding that all papers referred to the committee be published. The amendment was lost, and the motion of Dr. McAbee prevailed.

On motion, the papers of Dr. Thompson were ordered to be printed.

Dr. Hamilton offered the following, which was adopted :

Inasmuch as Prof. R. D. Mussey, from its origin a member of this society, is, on account of age and infirmity, now resident in a distant city, and disqualified for active duty in the profession ; therefore—

Resolved, That in respect to his distinguished character, we request him to allow the society to abate his assessments and continue his membership, and that the Secretary is hereby instructed to inform Prof. M. of this action.

On motion, the publishing committee was instructed to publish 3,000 copies of Dr. Wright's address upon Drunkenness in pamphlet form for general distribution.

Dr. Hamilton offered the following, which was adopted :

Resolved, That a committee of three be appointed for the purpose of taking into consideration a plan to be adopted by the society for the annual and regular distribution of prizes for meritorious essays.

Dr. Hamilton offered the following resolutions, which were adopted.

Resolved, by the State Medical Society, That a committee of three be appointed to confer with the Commissioners of the State Library and the

appropriate committee of the next Legislature of the State, and use such other means as in their discretion may seem necessary for the purpose of securing a medical department in the State Library.

Resolved, That said committee of this society, as a nucleus for said department of said State Library, be instructed to endeavor to secure an appropriation to be placed at the disposal of the State Librarian, sufficient to secure complete sets of all the medical periodicals currently or formerly published west of the Alleghenies ; also complete sets of the proceedings of the American Medical Association, the American Journal of the Medical Sciences, the North American Medico-Chirurgical Review, in the order herein specified.

Resolved, That the Librarian of this society is hereby instructed to procure three full sets of the proceedings of the Ohio medical conventions ; also three full sets of the proceedings of this society ; also a full set of the proceedings of the State medical society of each State where the same can be procured by exchange, have the same bound when necessary, and present the same on behalf of this society to said medical department of the said State Library.

On motion of Dr. Robert Thompson, the thanks of the entire society were unanimously tendered to the officers of the society for the courteous, able and impartial manner in which they had discharged the duties of their offices.

On motion of Dr. Landon, the thanks of the society were tendered to the newspaper reporters and publishers for their reports of the proceedings of the society.

On motion, the society adjourned.

Proceedings of the Keokuk County (Iowa) Medical Society. Reported by Dr. H. W. JAY.

SIGOURNEY, May 11th, 1859.

The society met pursuant to adjournment, President Parks in the chair.

On motion, the society proceeded to elect officers for the ensuing year, with the following result : President, Dr. A. C. Price ; Vice President, Dr. F. A. Dorr ; Rec. Secretary, Dr. H. W. Jay ; Cor. Secretary, Dr. A. Parks ; Treasurer, Dr. E. Seeberger ; Censors, Drs. Price, Dorr and Parks.

The former incumbent vacated the chair, and Dr. Price took his seat as President of the society.

On motion, Drs. H. W. Jay, A. C. Price and F. A. Dorr were elected delegates to represent the society in the State Medical Society at Davenport, June 8th and 9th.

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On motion, two resolutions were introduced for altering the constitution, to be acted upon at the next meeting.

On motion, the essayists appointed at last meeting were called upon to report. Dr. Jay read an essay on pericarditis and endocarditis, of considerable length. Drs. Price, Dorr, Parks and Seeberger asked for further time, which was granted.

Dr. Dorr reported a case of pneumonia, showing a remarkable reduction of the pulse by the use of antimony. Dr. Parks reported a case of what he supposed to be abscess, but was in doubt as to whether it was abscess or aneurism. Both of these cases called out some discussion from members.

On motion, society adjourned to meet in November.

Editorial Translations.

1. *Hæmatocele Retro-Uterina Catamenialis*: By M. Trousseau. *Hæmatocele retro-uterina* consists in an accumulation of blood in the peritoneal cavity, in the space between the rectum and uterus, in consequence of which the uterus is displaced forward and upward. On examination, the cervix uteri is found to be pressed against the pubic bone, and behind it, at the bottom of the vagina, a tumor is discovered which seems to belong to the womb, and easily misleads the examiner to the diagnosis of complete retro-flexion of the uterus. In the generality of cases the fundus uteri can be plainly felt and distinguished above the symphysis pubis; if, however, the effusion of blood is more considerable, and extends upward beyond the inlet of the pelvis, this can not be done. The diagnosis can be rendered very difficult by the circumstance that a collection of blood in the cavity of the uterus exists, together with the hæmatocele.* The first symptom of hæmatocele is usually pain; Nelaton explains this symptom by inflammation of the peritoneum, but the author does not agree with this view. Another symptom is paleness of the skin. If a young woman at the time of menstruation suffers pain in the pelvis, accompanied by paleness of the skin, while the menstrual discharge is but very small, or does appear at all, a hæmatocele can be diagnosticated almost with certainty. M. Trousseau con-

siders the disease to be essentially a disorder of menstruation, or menorrhagia, which, instead of choosing the usual outlet through the uterus and vagina, finds its way into the peritoneal cavity; he believes, therefore, that the principal object of the treatment should be to regulate the disturbed menstruation. If in a still young woman the catamenial discharge is too profuse, the best remedy is cinchona, which should be given in the form of powder every three or four days, in doses of about one drachm. Should the remedy not be borne in this form, it may be administered in the form of enema. In an anæmic condition iron is indicated. The medication just mentioned serves to prevent further hemorrhages; but in order to master the menorrhagia at the time of its occurrence, astringents and acids should be made use of. The pain, which the author does not ascribe to inflammation of the peritoneum, but to the afflux of blood, is, according to him, most effectually diminished by warm poultices applied to the painful part; in recommending this measure, the author takes the view that the increased afflux of blood is kept up by the pain, and that it is therefore necessary to endeavor, first of all, to remove the pain.—*Gaz. des Hôpitaux*, 75, 1858.

2. *Oleo-Calcareous Liniment in Erysipelas*.—M. Tournier, guided by the analogy which prevails between erysipelas and the slighter degree of burns, was induced to try an application of equal parts of almond oil and lime water, which has been often found of service in the latter. This admits of being applied to any part, and to any extent, is very agreeable to the feelings of the patient, and, as far as the author has tried it, it has proved of great utility.—*L'Union Médicale*, 80, 1858.

3. *New Method of treating Powder Wounds*: By Prof. Busch, of Bonn.—Instead of treating powder wounds by the painful process of digging out each single grain of powder with the knife or needle, Prof. Busch recommends the fomentation of the wounded part with a strong solution of corrosive sublimate (grs. v. to ʒj.). This application produces an eczematous inflammation; some of the vesicles simply dry up, others form scabs. On removing such a scab, the grains of powder are seen to adhere to its under surface, and underneath it a newly-formed, spotless epidermis is found. The scabs and epidermis scales, together with the grains

of powder, may then be scraped off with a spatula. Any other strongly irritating application may be used with success; the solution of sublimate recommends itself the most because in using it the degree of irritation can be controlled pretty accurately, and because after the healing of the eczema produced by it a white skin remains.—*Virchow's Archiv. f. Pathol. Anatomie, Physiologie, u. f. Klin. Med.*, xiv. 3, 4.

4. *Glycerine in Hyperæsthesia Vulvæ, Erythema Nodosum, and Vaginitis*: By M. Paupert.—1st. M. Paupert used glycerine with excellent success in a case of *hyperæsthesia vulvæ*, accompanied by an eruption of ecthyma. The patient, a lady of forty years of age, had suffered from this disease for several years, and had been under medical treatment all the time without obtaining relief. M. Paupert introduced compresses, soaked in glycerine, into the vagina twice a day, and ordered cold ablutions every morning and evening. The pruritus, as well as the ecthyma pustules, disappeared very soon. The cure was accomplished about three years ago, and the patient has had no relapse.

2nd. A man, twenty-eight years of age, suffered from *erythema nodosum* and general hyperæsthesia of the skin, in consequence of imprudent hydropathic treatment. The skin was dry, and its functional activity very feeble. The disease had become so vehement that even the mental faculties of the patient were disturbed to a high degree. M. Paupert ordered the whole body to be rubbed with glycerine twice a day, and after this treatment had been continued for several weeks, the itching and the eruption disappeared, the skin resumed its normal functions, and the patient was dismissed cured.

3d. In vaginitis, with superficial ulceration of the collum uteri, a combination of glycerine (3 j.) with tannic acid (grs. iv.), which the author calls *glycerole de tanin*, has proved very useful. It removed within a short time the inflammatory symptoms, and promotes cicatrization of the ulcers.—*Jour. de Méd. de Bruxelles*, September, 1858.

5. Dr. Debout presented to the Academy some drawings representing the dissection of an aneurismal tumor, cured by the injection of a diluted solution of perchloride of iron. The patient died on the fortieth day from causes foreign to the aneurism.—*Gazette Hebdomadaire*.

6. At the meeting of the Academy of Medicine of the 24th of May, M. Gibert, the chairman of a committee composed of Velpeau, Ricord, Devergie and Depaul, read an official report in answer to a letter from the Minister of the Interior, on the

Secondary Accidents of Syphilis.—M. Anzias-Turenne had addressed to the Minister the two following questions, which he prayed the Minister to have the Academy answer: 1. Are constitutional syphilitic accidents contagious? 2. As regards contagion, has the product of these accidents, in infants at the breast, different effects or properties than in adults?

The report is a very long one, and therefore an abstract only can be given.

These questions decided by the practitioner in the affirmative had been obscured by the experiments and denials of Hunter in the last century, and more so still in our time, by new experiments which tended to reform the doctrines generally received on syphilis from the results obtained from *artificial inoculation*. The question of the contagion of secondary accidents had ended by being called in doubt, or entirely denied by several physicians of this new school, although the partizans of the old doctrine, supporting their belief almost exclusively on clinical observation, continued to seek to render the authority of clinical facts superior to the laws laid down by the new school.

The facts prove superabundantly that not only the secondary or consecutive accidents of syphilis are contagious (at least in certain conditions), but more: contrary to one of the laws newly established, that the artificial inoculation (either by the lancet or by means of a blister, or other procedures) may reproduce these accidents, not only on a healthy region of the subject already infected, but more, on a subject quite healthy. Thus, the mucous papules (*papules muqueuse*), or flat tubercles, *ecthyma syphilitique*, the ulcer of the throat, have been inoculated by experimenters whose good faith and facts can not be contested, and in circumstances which could leave nothing in doubt.

M. Gibert, in spite of a profound repugnance to inoculation, believed it his duty, for the interest of science, to make some experiments. They have led him to the same result as those of preceding observers, viz.: 1. The local lesions consecutive to the inoculation of secondary accidents never appear before the end of

the second week, and in general they do not appear until after the fourth week. *The length of the incubation is a characteristic fact.* 2. The first alteration consecutive to the inoculation presents itself always at the point where the inoculation was made; it remains for a long time limited to the same point; its march is essentially chronic at this point, that when no treatment is carried out, the local accident persists still at the epoch when general symptoms supervene. 3. The local affection produces itself in the form of tubercles, which ulcerate at the end of some time, and may become fungous and bring about often the enlargement of the lymphatic glands. 4. The general symptoms do not begin until the end of a month, and often a great deal later, after the first local manifestations.—Now, all these characters which belong to *consecutive* or *secondary* syphilis, differ essentially from those which have been assigned to *primitive* syphilis, either spontaneous or inoculated, and suffice alone to prove the contagious character of the consecutive accidents to which formerly this characteristic had been refused. In effect, the anticontagionists admit that chancre is always the sole characteristic symptoms of syphilis at its beginning; that the chancre of the venereal type, the *chancre induré*, the *chancre infectant*, as it is at present called, is an ulcer ordinarily preceded by a *pustule* (which begins *without a period of incubation*)—an ulcer which indurates more or less rapidly, but always in the first seven days which follow the infecting coitus: so that, in the absence of incubation, the elementary form, *pustuleuse*, ulceration, *induration always consecutive to ulceration*, are the characters belonging to *primitive chancre*; whilst that *period of incubation*, of from eighteen to twenty days and more, forms *pustuleuse*, primitive, then tuberculous, and finally ulcero-croûtense, are the characters of the *consecutive* or *secondary* phenomena.

It is true that M. Rollet, differing entirely from the opinion of M. Ricord on this point, thinks that the *secondary* accident may be regarded the same as the primitive—as an indurated chancre; but we agree with M. Auzias-Turenne, that in all cases where we think we have found, in the progress and phenomena of the local accident, a complete analogue between *primitive* indurated chancre and the secondary *ulcer*, we are imposed upon by preconceived notions, and that we have taken for *primitive* accidents

local lesions, produced by a veritable communication of secondary or *consecutive* accidents, the direct experimentation with which has demonstrated their contagious nature.

M. Gibert details the four experiments which he undertook conjointly with M. Auzias-Turenne, which were also witnessed by several members of the committee and three physicians of the St. Louis hospital (MM. Devergie, Bazin and Hardy). These experiments, according to Gibert, remove all doubt as to the contagious character of consecutive or secondary syphilis:

1st. An adult affected with lupus, on application to the surface denuded by a blister of charpie saturated with the matter furnished by *papules muqueuse*, consecutive to a chancre actually cicatrized, at the end of nine days, a little redness; on the eighteenth day a development on the part of a *copper-colored papule*, which ulcerated and transformed itself into a *tubercle*. Some spots and reddish papules, and some pustules resembling acne, showed themselves on the trunk and extremities.

2nd. Adult affected with lupus: several inoculations by the same process and with the matter as in preceding case; same local result; redness at the end of twenty-five days only; later, a *papule*, which excoriated and became a flat *tubercle*; ganglion in the axillary region; roseole the thirty-seventh day.

3rd. The liquor furnished by the papulous surface of No. 1 (the local accident was then sixteen days old) was inoculated by the same process on an adult; same result, only the *papule* was less voluminous; the tuberculous *induration* less extensive and less pronounced, leaving an ulcer slightly fungous. The specific treatment, commenced early, prevented the roseole.

4th. Matter furnished by secondary mucous *papules*, the result of a chancre cicatrized; a lancet was plunged into a dry and copper-colored papule on the forehead. The instrument only carried a little serous looking blood, which was inoculated on the forearm of an adult suffering, as the others, with lupus. The patient went out of the hospital in fifteen days. On the first of April, fifty days after the inoculation, he entered the hospital again, presenting, at the point of inoculation, a dry and squamous *papule* with copper-colored spots; he had a commencing squamous *syphilide*, and enlarged glands in the axillary region. In the twenty following days *roseole* appeared on the trunk;

papules squammeuses on the extremities ; *papules crouteuses* on the scalp ; *papules muqueuses* at the umbilicus and anus ; *engorgement* of the posterior cervical *glands*. In all the cases the accidents were rapidly modified by specific treatment.

To sum up, says M. Gibert, we propose to the Academy to reply to the two questions in the letter of the minister in the following terms :

1st. There are secondary or constitutional accidents of syphilis manifest by contagion. At the head of these accidents we must place the *papule muqueuse* or *tubercule plat*.

2nd. This rule is applicable to the nurse and infant, as to other subjects, and there is no reason to suppose that, with infants at the breast, the product of these accidents may have different results from those which we recognize in the adult.

M. Gibert declared that one of the committee, M. Ricord, intended to present his views on the facts of the report.—*Gazette Hebdomadaire*.

7. *Jerking Respiration* (Respiration Saccadé) as a Sign of the First Stage of Pulmonary Phthisis : By M. A. Bourgade.—This sign was first presented to the attention of physicians by MM. Zehetmayer and Raciborski. MM. Andry, Baret, and Roger and Imbert-Gourbeyre have also presented it as being sufficient to denote the first vestiges of tuberculization. M. Bourgade has made it the object of special study. He reports nine cases, of which the autopsy of two was given ; and he has also reported a certain number of others. The general results of these researches may be summed up as follows : The jerking respiration exists prior to the presence of prolonged expiration, or rude inspiration. When it is of this character, it is made in two or three efforts, separated by a very slight interval ; the ear experiences the sensation of a certain difficulty in the pulmonary ampliation. The respiration is still vesicular, which distinguishes it completely from prolonged expiration, which succeeds it the most frequently, and which is bronchial. The jerking respiration gives to the ear a very slight sensation of dryness or roughness ; it is sometimes a little weakened. It is especially during inspiration that we observe the jerking respiration ; it shows itself more rarely in expiration, which does not present otherwise but two jerks (*sacca-*

dés), in place of three, which inspiration furnishes habitually. Generally not very persistent, it is the most frequently replaced by prolonged expiration ; more rarely by progressive weakening of the respiration. It appears almost always to be limited to a small extent of the lungs. Its seat of predilection is the superior part of the chest, principally under the clavicles. It rarely exists on both sides at the same time ; but when it is replaced in one lung by other *bruits*, it soon shows itself in the opposite lung.

Far from becoming more manifest by the exaggeration of the respiration, we often cause it to disappear by making the patient breathe full and deep. It presents, especially at its commencement, perfectly regular intermissions, only manifesting itself every second, third or fourth inspiration, and varies frequently in intensity from one day to another. When it is well marked, it is accompanied with slight dulness and vocal resonance. It suffices, however, to follow attentively the rythm of the respiratory movements, to be able not to confound it with the jerking respirations, which a painful, spasmodic, anxious, unequal or badly directed, though normal respiration may give to the thoracic walls. It happens, however, that when the pulsations of the heart are loud, two or three cardiac pulsations occurring during a respiratory act, their sound divides, somewhat, this act into several parts. It is sufficient to be informed of this source of error, not to be deceived.

The jerking respiration is not, however, a pathognomonic and sufficient sign of commencing tuberculosis. M. Bourgade estimates in the following terms its semiological value : In order to exhibit certainly the diagnosis of a pulmonary tuberculous lesion, it is necessary to take into consideration two orders of signs : the physical signs, local, which indicate the seat, extent, form, degree of the lesion ; and the rational and general signs, which demonstrate, principally, its nature. From this, if it happens that in a patient we observe the rational and general signs of a commencing tuberculous affection, and that, at the same time, the exploration of the chest enables us to discover the existence of the jerking respiration, the physical index of the lesion, we may conclude with certainty that a commencing phthisis exists.

We may explain, perhaps, with M. Andry, the production of the jerking respiration by admitting that the pulmonary vesicles,

partially invaded by the commencement of tuberculous infiltration, do not dilate simultaneously, but successively, and with an effort. In all cases it is not always caused by the existence of pleural adhesions, as has been said. M. Bourgade, on this point, reports a conclusive autopsy.—*Archives Générales de Médecine*, Nov., 1858.—*Gaz. Hebdomadaire*.

8. *A Fœtus removed Alive, by Casarian Section, two hours after the Death of the Mother*.—Dr Harmon de Fresnay reports the following fact, in an interesting paper entitled, “Two cases of artificial premature delivery, induced by uterine douches.”

“A very young woman, *enceinte* for the first time, became affected with very serious nervous symptoms. I attempted to quiet them, but they continued to increase. I soon concluded that I must renounce all hope for her. One day I was called to the patient, the messenger declaring she was dead. The patient lived at least three leagues from my residence. On my arrival I found her dead. I hastened to practice hysterotomy, and succeeded in extracting from the womb a fœtus of seven or eight months, whose heart pulsated, although the mother had been dead two hours.”

Correspondence.

ROME, April 15th, 1859.

Messrs. Editors:—Perhaps it might not be uninteresting to your readers to hear something of medical institutions and men in this ancient metropolis of the world. As a faithful disciple of Esculapius, soon after my arrival here I embraced an early opportunity to pay a visit to an island of the Tiber, where once stood a temple dedicated to that god. But that once splendid edifice is no longer visible; it has disappeared before the hand of time and the still more destructive ravages of war. No doubt it had its library, its anatomical and pathological museums and collections, with its corps of professors and lecturers; for there is every probability that it was but another name for a medical college. The priests of those days were also the physicians, and probably here gave their medical instructions, and here were held their great clinics. We are told the temple covered the entire island, and

consequently must have been quite an extensive establishment; probably occupied in part as a hospital for the accommodation of the sick.

Rome, in her best days, was the resort of persons from all parts of the civilized world in search of knowledge, and recent discoveries have proven that they possessed much more practical knowledge of the necessities and wants of life than we had supposed. I was much surprised in the museum at Naples to find cooking-stoves of an excellent pattern, and all kinds of domestic utensils almost equal to our latest modern inventions. I saw, also, in this museum, taken from a house in Pompeii, on which the word "Medicus" is still quite legible, various surgical instruments, and a three-bladed vaginal speculum made of bronze and fully equal to the modern instrument of that name. Now, can it be supposed that a people without medical instructions and without medical institutions of learning could invent and practically apply such instruments? Therefore, I conclude that this temple was a medical college. I spent some time in climbing up and down the banks and over the old walls, and here and there could only get a glimpse of the substructions of the ancient edifice. The island is now occupied principally by a low, dirty class of weavers and millers, whose establishments are slowly turned by the muddy waters of the sluggish Tiber.

Near this island stands the present hospital of Santo Spirito, founded in the twelfth century, a very extensive and wealthy institution, capable of accommodating three thousand patients, with a foundling hospital and lunatic asylum attached. I formed the acquaintance of Dr. Valery, one of the professors, through whose kindness I visited the wards of the hospital, the library and museums, founded by the eminent surgeon, Lancisi, who was once professor here, and, at his death, bequeathed his entire property to this institution. The anatomical preparations are very fine, especially some dissections of the nerves. They give medical and surgical lectures, and have a full corps of professors, and had this last winter over two hundred students in attendance. The wards of this hospital, contrary to the general rule for Rome, are extremely clean and well ventilated. They treat disease much on the antiphlogistic plan, by blood-letting and nauseating doses of tartar emetic. Intermittent fever is very prevalent here, and is treated, as with us, by quinine in large doses.

I can not close this communication without saying a few words of Padua, the celebrated anatomical school of the fifteenth and sixteenth centuries. She can boast the oldest museums and botanical gardens in the world. Here are most beautiful dissections and preparations, made by the hands of Aquapendente, Vesalius and Morgagni, who were professors here. The celebrated Harvey here acquired that knowledge of anatomy which led to the discovery of the circulation. There are now clinical lectures on medicine, surgery, midwifery and diseases of the eye given here. The town, as well as all the public buildings, present an ancient and time-worn appearance. Fifteen hundred students were in attendance on the different departments of this celebrated university last winter. But when I visited it a few weeks ago the institution had been closed by order of the Austrian government, as students generally entertain liberal opinions, and are opposed to monarchy. But I think there is every reason to hope that Austrian despotism in Italy will soon come to an end, and that the people will have the privilege of forming a government according to their own wishes. Although she has been oppressed by a foreign yoke for more than a century, she has never lost her nationality, or her love of liberty, and I hope she will now never rest satisfied until Austria has been driven beyond the Alps.

Respectfully yours,

W. P. T.

Reviews and Notices.

FIVE ESSAYS. By JOHN KEARSLEY MITCHELL, M.D., late Professor of Practice of Medicine in Jefferson Medical College of Philadelphia. Edited by S. WEIR MITCHELL, M.D., Lecturer on Physiology in the Philadelphia Association for Medical Instruction. Philadelphia: J. B. Lippincott & Co. 1859.

Had this neat little volume of 370 pages no other merit, we should gladly welcome its appearance as a due tribute of affection and respect to the memory of a man who held so wide a place in the regards and confidence of our profession. But it is something more than this: Prof. Mitchell's contributions to medical literature consist of fugitive essays and papers scattered through the leading journals of the day; but they are all marked by evidences of originality and research that render them worthy of preservation.

White Sulphur Springs.—At the invitation of the gentlemanly proprietor of this new watering place—Andrew Wilson, Esq.—the society adjourned Thursday noon to attend the opening of White Sulphur Springs. Mr. Wilson had a fine lunch set at the Neil House at twelve o'clock, immediately after which the society left in a body for White Sulphur, where they had a delightful visit and entertainment at the expense of Mr. Wilson. A series of resolutions were adopted by the members of the society, highly endorsing the medical qualities of the White Sulphur Springs; and in remembrance of so much kind attention, we suppose the profession can hardly do less than recommend their invalid friends to a sojourn there for pleasant recreation and the benefit of the waters.

The meeting of the society next year will be at White Sulphur Springs, and we doubt not there will be the largest session of the society ever convened.

Many gentlemen have held aloof from our society for years past under a sort of suspicion that it was in a state of decay and tendency to dissolution. We are happy to observe that the sessions for three years past have been harmonious and agreeable, and free from all discordant elements; and further, as we think, there is evident a purpose, on the part of many of the active members of the society, to take higher ground as a working body of professional, scientific men, than ever heretofore.

Notwithstanding very zealous effort, we have not yet been able to procure the list of appointments for standing committees, delegates, etc., and must await with patience until the worthy Secretary sees fit to forward them.

The London Lancet republished in New York City.—We have been a constant reader and subscriber of this journal for the last fifteen years, and have always hailed its monthly appearance with pleasure. For the last three months, however, we have grown tired of it; and unless the publisher conducts it differently for the future, we shall be forced to drop it. Let us, however, state our grievances, which, by the way, are participated in by several gentlemen of our acquaintance.

We complain, then, that since Mr. James Herald has had the proprietorship, the paper and type have been execrable. We ex-

change with all the respectable journals of the country, as also with several European ones, and there is no one of them which is printed on such mean paper. The proof-reading of two or three late numbers has been miserable. If it is the fault of the printer, in spite of the *proof-reader*, so much the worse for its manager. The original London journal is printed on excellent paper, with beautiful type, and we do not understand why Mr. Herald, who pays the London proprietors nothing, can not at least give them the small compliment of a decent republication. But this is not all: the advertising sheet of the *Lancet* is made the bearer and publisher of quack medicines, and the books of a certain set of quacks residing in this city.

To specify, we need but notice, in the last number, "Tarrant's effervescent seltzer aperient," which is recommended for "torpid liver, gout and rheumatism, gravel (?), indigestion, heart-burn, acidity of stomach and piles." We do not give all the advertisement, which reads all the world like the advertisements of the various nostrums in the daily papers. Then we have a great number of French nostrums advertised, such as pectoral water (*eau de Lechelle*), a famous blood renewer, besides a great number of others, which savor of the highest and most offensive *nostrum* odor.

Last, though not least, we have the advertisement of the American Dispensatory, by *plain* John King, M.D. Our readers know the history of John King, M.D. They may not know that he dubbed his book, at first, American Eclectic Dispensatory—that he had to rewrite it, as he plagiarized so heavily from Wood and Bache that they placed an injunction on its sale, preferring to have the profits of their own labors. John King, M.D., a professor in one of the Eclectic quack schools of this city, who diagnoses diseases without ever asking the patient a single question! Then we have Symmes' Surgery, edited, etc., by R. S. Newton, M.D., Professor of Surgery. The advertisement fails to name the school which has the *honor* of Prof. Newton's services. Let us tell: it is the Eclectic Institute, another quack establishment in this city. Why was not the name of the school given? What is the reason that the professional title of John King, M.D., is left out in the advertisement? Only to deceive the regular, legitimate profession, which constitute the

mass of the readers of the *Lancet*. The term *Eclectic* has become so offensive that it damns anything and everything in the estimation of scientific, well bred gentlemen; and these people find it necessary to drop it from the advertisements and title pages of the books which they so lavishly make up.

In the same advertisement the translation of Renouard's History of Medicine by our friend, Prof. Comegys, is given. Good care is taken to state that he is Professor of the Institutes of Medicine in the Medical College of Ohio. All this may be a trick of the publishers of these books, Moore, Wilstach, Keys & Co., of this city, with which some may say the proprietor of the *Lancet* has nothing to do. We say he is responsible for the appearance of such quack advertisements of medicines as well as books. Of course, we except the able translation of Renouard by Prof. Comegys, who was so unfortunate as to fall into the hands of such publishers.

To conclude, we would say to Mr. Herald, that he must correct these abuses, or find his list of subscribers diminished.

Changes amongst our Exchanges.—Austin Flint, Jr., M.D., editor of the *Buffalo Journal*, has removed to New York city. The name of the *Journal* has been changed from *Buffalo Medical Journal* to *New York Monthly Review of Medical and Surgical Science, and Buffalo Medical Journal*. The *Journal* will continue to be published in Buffalo by A. J. Matthews, to whom all letters on business matters and remittances must be made. All matters relating to the editorial department must be addressed to the editor, New York city. We wish Dr. Flint all success in his new home. His journal has always been a good one, and we feel sure it will lose nothing by the change.

We have also to chronicle the discontinuance of several of our contemporaries. The *New Hampshire Journal of Medicine*, the *Philadelphia Medical and Surgical Journal*, *Maine Medical and Surgical Reporter*, *Medical Chronicle of Montreal*, and *Louisville Gazette*, are severally suspended. The discontinuance of medical journals is not an event of rare occurrence, and as in instances above, frequently when conducted with decided ability; it ought to be suggestive to two classes of the profession—those who are ambitious to assume the annoyances of editorial life, and those who realize the importance of sterling, reliable medical journals.

It is easy enough to figure up a subscription list that will meet the expenses of a periodical publication, and perhaps present quite a margin of compensation for trouble; the unhappy publisher, however, finds, when his year's debit and credit comes to be made up, that his plausible expectations fail to be realized. The fact is, very few of the medical journals of our country afford any remuneration for editorial labor, and most of them require very careful economy to financier them through their annual pilgrimage. We are free thus to speak of this matter, not in any querulous spirit, because we are assured that our own publication belongs rather to the exceptional class of prosperous journals. Neither do we admire the Pharisaical spirit in which our friends of the *Nashville Journal* and the *Philadelphia Reporter* have noticed some of these discontinuances; ill-natured persons might even fancy they were attempting to be both ox and frog of the fable. There is, however, this practical lesson to be derived from this matter: the caution which should be exercised in the multiplication of new journals, and the propriety on the part of the profession at large to rally with friendly zeal about the interests of journals already established, and which circumstances or localities seem to demand. In the establishment of a new journal, there is usually the withdrawal, to a greater or less extent, of patronage from existing journals, and if the new journal proves but an experiment, serves but a temporary purpose, or sustains only some private or personal interest, then a positive mischief is done to the permanent medical literature of the country, by crippling permanent publications. On the other hand, when a medical journal is simply established on a self-sustaining basis, the withdrawal of a few hundred subscribers, or the bestowal of that much additional patronage, determines the question whether it is to be a first class publication with life and manhood, or whether it is to struggle through a sickly, dependent existence, scarcely giving evidence that its soul is its own. It is manifestly the interest of the profession to sustain its journals with cordiality and generosity.

Changes in Medical Schools.—We observe that the Faculty of the Pennsylvania Medical College, of Philadelphia, has resigned in a body, and the Faculty of the Philadelphia College of Medicine is elected in a body to fill the vacancies. This, we presume, virtually consolidates these two schools.

The Teachers' Meeting at Louisville.—Our columns were so crowded last month that we had no room either for the proceedings or a notice of the Teachers' Convention in Louisville. Our readers will find the proceedings in full in this number. Some will be disappointed, while others, with a more philosophical spirit, will be entirely satisfied. Little was done, yet that little amounts, in our opinion, to considerable progress. The question of medical education is surrounded with great difficulties. The schools have been much abused, and not without cause. The profession expect the commencement for a change to be initiated by the schools. The American Medical Association evidently regards it the duty of the various schools to elevate their standard of requirements. Hence the assembling of the delegates of only a part of the schools, and the expressed recognition of the wishes of the association, betoken progress on this matter. It is all idle for any school to avoid this question. It may refuse to acknowledge the wishes of the association, or to send delegates to the Teachers' Convention next year at New Haven, yet the public opinion of the profession will ere long bear down so heavily that such a school will be *forced* to acknowledge the wishes of the association. It is idle in the professors of any school in the country, not excepting those of New York, Boston, or Philadelphia, to assume a dignified indifference on the question.

So far as the meeting of the late Teachers' Convention was concerned, the schools just mentioned, as well as several others, behaved in a bad spirit; and unless represented at the next meeting in New Haven, we think they will not only find this out, but more yet—that their course was very impolitic. No, thanks to the genius of our times, the progressive, bold and unflinching opinion of the profession will bring the professors of all the schools up to this question.

The professors of some schools and the editors of some journals have a rather poor opinion of the Medical Association. "One gentleman," (a professor, we suppose,) says the editors of the *Nashville Journal*, "declared that he was the '*owner*' of a medical college, president of the board of trustees and dean of the faculty," and, of course, was intensely indignant that the representatives of the entire profession should presume to arrogate to themselves the power to regulate *his* college. "Regulate,"

forsooth, say we! Why, every man will ask, Who are these professors, in too many cases, but a set of paupers on the profession at large, constantly appealing for patronage and support for their schools? The editor of the *Chicago Journal*, Professor of Surgery in Rush College, is one of those persons who does not conceal his want of confidence and admiration for the wishes of the association. From the May number of his journal we take the following:

“These, the largest institutions of the country, did not wish evidently to recognize any authority of the convention, which sending a delegation might be construed as doing. Others, opposed to recognizing any action as binding, thought it still best to be represented. Among these was Rush Medical College. The schools which expected to make capital out of the action of the convention were fully represented. The report shows but imperfectly the spirit of the proceedings. It may be said, without danger of going too far, that a large part of the schools represented evinced a determination not to *permit* so changeable a body as the National Association to *prescribe* and *enforce* the terms on which they shall confer degrees. All not represented may be considered as either protesting against such an assumption, or as regarding the attempt as not of sufficient importance to deserve notice.”

We think this will do pretty well; and if it does not manifest a species of contempt for the association, we do not know what else to call it. We think it rather more after the style of *Bombastes Furioso*, than anything else we have read lately. Prof. Brainard has a lesson yet to learn from or in the association. The association has not the power to enforce its wishes, if it so desired; but it has the power, and is exercising it, of inducing a higher order of professional opinion on this subject, which will enforce itself despite the opposition of any school.

We believe that something good will yet come out of the Teachers' Convention. We know there is a growing feeling and determination, with a large class of young men, on this subject, and that they are bound to be heard and felt. No school in the country can withstand it.

Before we close we must say that we know of no school represented in the convention whose delegates expected to make cap-

ital out of it. It is too true, that some persons were admitted as delegates who should have been rejected. But, after all, let us say to our readers, one and all, to be encouraged and work in this great cause. Let them by all means send delegates to the next meeting of the association who will agitate this question, even to the disgust of those schools and professors who attempt to manifest a high indifference to the association. It will outlive a great many of the schools and professors, and its good deeds will be chronicled by the historian when they shall be silent in the tomb.

Below will be found a full report of the convention.

MEDICAL TEACHERS' CONVENTION.

The convention of the colleges assembled in Mozart Hall, Louisville, Kentucky, at 10 o'clock A. M., May 2, 1859. Twenty-two colleges were represented by the following gentlemen, professors in the respective institutions :

Dartmouth College, New Hampshire.—Prof. Dixi Crosby.
 Shelby Medical College, Tennessee.—Prof. E. B. Haskins, D. F. Wright.
 Missouri Medical College.—Prof. J. N. McDowell.
 St. Louis Medical College.—Prof. M. L. Linton.
 Medical College of South Carolina.—Prof. Henry R. Frost.
 Medical College of Georgia, at Augusta.—Prof. H. F. Campbell, Jos. Jones.
 Medical Department University of Michigan.—Prof. Moses Gunn.
 University of Louisville.—Prof. L. P. Yandell, L. Powell.
 Cincinnati College of Medicine.—Prof. A. H. Baker.
 Medical Department University of Nashville.—Prof. J. B. Lindsley, W. K. Bowling, P. F. Eve.
 Jefferson Medical College.—Prof. R. Dunglison, F. Bache. (Not present.)
 Lind University, Chicago.—Prof. N. S. Davis.
 Oglethorpe Medical College, Georgia.—Prof. A. G. Thomas.
 Medical College of Ohio.—Prof. George C. Blackman.
 Western Reserve Medical College, Cleveland.—Prof. G. C. C. Weber.
 Kentucky School of Medicine.—Prof. M. Goldsmith, G. W. Bayless.
 Iowa University.—Prof. McGugin.
 Medical College of Memphis, Tennessee.—Prof. H. R. Robards.
 Medical College of Richmond, Virginia.—Prof. B. R. Welford, L. L. Joynes.
 Atlanta Medical College, Ga.—Prof. J. G. Westmoreland, John W. Jones.
 Medical Faculty of Harvard University, Boston.—Prof. George C. Shattuck.
 Rush Medical College, Chicago.—Prof. Daniel Brainard, Joseph W. Freer.

The convention was permanently organized by the election of Prof. Dixi Crosby, President, and Prof. George C. Blackman, Secretary.

By a resolution offered by Prof. D. F. Wright, of Nashville, it was decided in accordance with the resolution of the meeting held last year at Washington calling the present meeting, that the members of the several colleges represented might participate in the debates, but that the colleges should have but one vote each, in deciding questions.

Dr. N. S. Davis then offered the following, which was adopted :

Resolved, That a business committee of five be appointed by the chair to report propositions for the action of the convention.

The chair appointed Drs. N. S. Davis, Gunn, Frost, Shattuck, and Yaddell. After a short recess, to enable this committee to report, they submitted the following through Dr. Davis, the chairman :

1. Resolved, That this convention recognizes the great benefit to be derived from the action of the American Medical Association in prescribing the terms and conditions on which medical degrees should be conferred and licenses to practice medicine shall be granted ; and that an expression of opinion as to methods or periods of instruction from the American Medical Association should be received with deference and respect, and that all pains should be taken to enforce any rules and regulations recommended by that body.

2. Resolved, That this convention earnestly recommend the American Medical Association to adopt such measures as will secure the efficient practical enforcement of the standard of preliminary education adopted at its organization in May, 1847 ; and that the medical colleges will cheerfully receive and record the certificates alluded to in said standard whenever the profession generally and the preceptors will see that students are properly supplied with them.

3. Resolved, That no medical college should allow any term of practice to be a substitute for one course of lectures in the requisitions for graduation.

4. Resolved, That hospital clinical instruction constitutes a necessary part of medical education ; and that every candidate for the degree of Doctor of Medicine should be required to have attended such instruction regularly for a period of not less than five months during the last year of his period of medical pupilage.

5. Resolved, That every medical college should rigidly enforce the rule requiring three full years of medical study before graduation, and that the diploma of no medical college shall be recognized which is known to violate this rule.

Prof. Wright, of Nashville, moved that the resolutions of the report be considered seriatim, and the first being taken up he spoke at length in opposition to it, giving a history of the previous difficulties between the American Medical Association and the medical colleges. He could neither vote for such a resolution nor could he take any future part in the proceedings of the convention which should adopt it.

Prof. Brainard, of Chicago, thought this convention was asked to take a step fraught with peril to the harmony of the profession and its best interests ; it should be met on the threshold and a solemn protest entered against it. The body did not represent the medical colleges of the country with unanimity ; New York, Philadelphia, and New Orleans are not represented here, and he must consider their absence as a protest against the assumption of any power on the part of this body or the American Medical Association to dictate the terms on which the colleges should confer their degrees or receive their students. The admission of such a resolution would produce hostile factions both in the profession and in the colleges, and could never receive the sanction of those who had independent, chartered rights to fall back upon. He was opposed to no true improvement in the medical profession, but he did object to shutting that door upon young men desirous of entering the profession through which we ourselves all had entered.

Without definite action on the resolution, the convention adjourned until 3 o'clock P. M.

AFTERNOON.—When the convention reassembled, Dr. Bayless offered the following amendments to the first resolution :

1st. To substitute in the second line the word "recommending" for "prescribing."

2nd. To strike out all after the words "deference and respect."

A long discussion ensued on the resolution, which was participated in by Drs. Bayless, Yandell, Palmer, McDowell, Davis, Brainard, Shattuck, Baker and Wright.

Prof. L. L. Joynes, of the Medical College of Virginia, then offered the following preamble and resolutions as a substitute for the resolutions from the business committee :

Whereas, it appears that a large proportion of the medical colleges of the United States are unrepresented in this convention, and no changes in the present system of education can be effectual unless adopted by the schools generally, therefore—

Resolved, That it is inexpedient at this time to take any action upon the proposition contained in the report presented by the special committee on medical education, at the last meeting of the American Medical Association.

Resolved, That with the view of obtaining a more general union in counsel and in action, upon this important subject, the convention do now adjourn to meet again on the day preceding the next annual meeting of the American Medical Association, at the place which may be agreed upon for said meeting, and that the several medical colleges in the United States be requested to appoint each one delegate to such adjourned meeting of this convention.

These resolutions were amended, at the suggestion of Dr. Wright, to include the appointment of a committee of five to take into consideration, during the recess, the various matters referred to in the resolutions, and to report thereon at the adjourned meeting.

The vote was demanded on this, by colleges, and resulted as follows :

Yeas—Shelby Medical College, Missouri Medical College, St. Louis Medical College, Oglethorpe Medical College, Ohio Medical College, Western Reserve Medical College, Kentucky School of Medicine, Medical College Richmond, Atlanta Medical College, Rush Medical College—10.

Nays—Medical College of South Carolina, Medical College of Georgia, Medical Department of University of Michigan, University of Louisville, Cincinnati College of Medicine, Lind University, Iowa University, Medica, lCollege of Memphis, Harvard University—9.

The substitute was declared adopted, yeas 10, nays 9, and so the convention stood adjourned until the day preceding the next annual meeting of the American Medical Association.

The chairman appointed the following committee under the above resolutions : Drs. L. P. Yandell, Geo. P. Shattuck, G. C. Blackman, H. F. Campbell, and Moses Gunn.

Battle of Montebello.—One of the French surgeons, writing home, states that there are, at the present time, 800 wounded soldiers under treatment—500 French, and 300 Austrians. The new projectiles give rise to the most extraordinary injuries ; and even now it is easy to foresee that many more operations will have to be performed during this campaign than when the round balls were in use. The sanitary condition is very good, and the *morale* of the wounded is excellent ; the French "gaiety" not abandoning them even amidst their sufferings.—*Medical Times and Gaz.*

Expectation of Life.—Mr. Charles M. Willick, of London, has established an extremely easy rule for expressing the value of the property which every man, woman and child possesses in life. His formula stands thus: $e = \frac{2}{3} (80 - a.)$; that is, "the expectation of life is equal to two-thirds of the difference between the age of the party and eighty." Thus: say a man is twenty, two-thirds of the years between twenty and eighty are forty, therefore forty is the expectation of life. A man now sixty will have an expectation of fourteen years more; a child of five will have an expectation of fifty, and so on. The results obtained by this new law correspond closely with those of Dr. Farr's life tables, constructed from an immense mass of returns.—*Nashville Journal of Medicine and Surgery.*

To Subscribers in Club with other Journals.—Subscribers in clubs with this journal and *London Lancet*, *Braithwaite*, etc., receive those publications direct from the publishers. We forward the money to them, and they are then, to all intents, subscribers for the year to those publications, and in the event of miscarriage of any numbers, we must request our friends to address those offices direct, whereby both time and trouble will be saved.

New Books.—We have received from Lea & Blanchard new editions of *Dickson's Elements*, *Meig's Letters on Woman and her Diseases*; from Lindsay & Blakiston, *Bell on Baths*; and from Riekey, Mallory & Co., a translation of M. Flourens' *History of the Circulation of the Blood*, by our friend Dr. J. C. Reeve, of Dayton. These are received too late for review in this issue, but will have early attention.

Proctor & Gamble's Glycerine.—The Messrs. Proctor & Gamble, of 24 West Second street, Cincinnati, are engaged in the manufacture of a superior article of glycerine, a specimen of which has been sent to us, and which we find to be very pure, comparing favorably with any we have seen in this market. They are prepared to furnish it by the case of lb. bottles, three dozen in the case, or by the carboy.

To Correspondents.—We have received articles from Drs. McMeans, Dutcher, Rooker, Mendenhall (of Ind.), Gibbs (of N. Y.), and Flora, which will receive attention in due order. We trust our friends will not grow weary in furnishing us an abundant supply of short, pithy, practical articles.

The French Army in Italy.—The emperor has appointed Baron Larrey as the Surgeon-in-Chief of the army, M. Champouillon Surgeon-in-Chief of the first division, M. Boudin of the second division, Sallerou of the third, M. Fenin of the fourth, MM. Legouest, Bertherand and Cazalas are attached to the general quarters, MM. Mery and Perier to the ambulance of the guard.

—Dr. John Shelby, of Nashville, died, aged 74 years, on the 16th May. He was a practitioner of more than fifty years. He served in the Creek war, as a surgeon, in the command of General Jackson.

—On Wednesday, June 1st, Dr. Mott tied the common carotid artery in a patient at St. Vincents Hospital, New York. This is the forty-sixth time he has made this operation.

Editorial Abstracts and Selections.

PRACTICAL MEDICINE.

1. *Hypophosphite of Quinine.*—Prof. J. Lawrence Smith states, in a paper entitled “Hypophosphite of Quinine,” published in the *Semi-Monthly Medical News* of May 1st, “It was first made by adding an excess of recently precipitated quinine to a hot solution of hypophosphorous acid, and on cooling the salt crystallizes out in beautiful silky tufts, which, when dry and broken up, resembles asbestos in appearance. The method adopted and proposed for making it on a large scale is by double decomposition, using the sulphate of quinine and the hypophosphite of baryta: the operation must be conducted so that there shall be no excess of either salt in the solution; the solution is then filtered from the sulphate of baryta, concentrated and allowed to crystallize, which it does in the manner already mentioned. The salt thus obtained is in delicate, fibrous crystals, soft to the touch; they are of a beautifully silky lustre, very soluble in hot water; one ounce of cold water at 60° Fahr. dissolves eight grains of the salt. When heated it loses its water at about 23°, and at about 300° it turns brown and melts.

“*Proposed Uses.*—If the preparations of hypophosphorous acid are useful in phthisis and analogous diseases, then its combination

with quinine must be beneficial in the phases of those diseases where quinine is at all recommended. I would, therefore, suggest in the hectic fever of phthisis ; also as a tonic in the same disease ; also in the various forms of cachexy where quinine is used.

“ Nor ought its use to stop here ; for, owing to its solubility in water, it can be readily administered in that menstruum (say five grains to the ounce of water), thus becoming useful for children, and also in compounding, where the presence of an acid is objectionable, as is now necessary in dissolving the sulphate. In the form of pill it would be more soluble in the stomach than the sulphate.”

2. *Scurvy of the Gums cured by Nit. Argent.*—Dr. John Faris, of Marlborough, Tennessee, writes to the editors of the *Nashville Journal of Medicine and Surgery* as follows : “ In the course of the last year I have cured upwards of one hundred cases of scurvy by a solution of nitras argenti. Cauterizing the gums once or twice effectually cures. I have never heard or read of this practice ; it originated with myself. The analogical mode of reasoning is the only true mode, and this satisfied me that if other sore surfaces could be cured by the nitrate, the gums could.”

3. *Pommade de Jaser for Scabies.*—According to M. Delaharpe, physician to the hospital of Lausanne, of all the pomades proposed for the treatment of itch, one of the most efficacious is that of Jaser. Mons. D. has employed it for a number of years, with constant success. The following is the formula : Sulphur lotum 16 grammes ; zinci sulphas, 6 grammes ; veratrum album (pulv.), 4 grammes ; sapo niger, 32 grammes ; axungia porci, 64 grammes ; tinct. ol. carui, 1 gramme. It will require about 250 grammes (about eight ounces) of this pomade to effect a cure. A slight attack disappears after a single friction, preceded by a soap bath. When, however, the eruption is general, there should be two, three or four applications made morning and evening. In this preparation the lard and the potassa soap modify each other, although, by increasing the proportion of the soap, a risk would be incurred of making the pomade too irritating. The sulphate does not act here as a corrosive agent, as one might suppose, since it is entirely decomposed by the soap, resulting in the formation of a small quantity of sulphate of potash and sulphate of zinc. The powdered hellebore is necessarily the most active anti-psoric

element, along with the tincture of caraway. Delaharpe believes that the proportions given above of the different constituents are the best adapted for the manufacture of the pomade.—*Journal d'Anvers : American Medical Monthly.*

SURGICAL.

4. *A case of Popliteal Aneurism successfully treated by Flexion of the Knee-joint.*—Mr. Hart had brought the case under the notice of the Fellows of the Royal Medical and Chirurgical Society, under the impression that they might be interested in the successful treatment of so formidable a disease as popliteal aneurism by the simple flexion of the knee-joint. J. S., aged 41 years, consulted him in September, 1858, having a popliteal aneurism in the right ham. It was globular, of the size of a small apple, and situated at the lower and outer part of the popliteal space. It had a full beat, but was not very near the surface. Placing the patient on the sofa, and baring the leg in order to make a careful examination of the tumor, Mr. Hart found that its pulsation was affected by the angle at which the leg was bent upon the thigh, and that when very complete flexion was effected, its thrill almost wholly ceased. Concluding that in this position the course of the blood through the tumor was greatly retarded, he conceived the hope of effecting the cure of the aneurism by the deposition of active clots, if the leg could be retained for a sufficient length of time in the bent position. After a week's preliminary rest, treatment was commenced by bandaging the leg from the foot to the knee (not covering the tumor), thoroughly flexing the leg on the thigh, and retaining it in that position by the application of a stout roller. He was a thin, wiry man, and the flexion produced no inconvenience to him at the time.

He passed a better night than during the previous week, when severe pain had been present in the aneurismal sac. What pain or annoyance was complained of during the treatment was referred to the knee-cap, but it was very trifling, and "barely deserving to be called pain." The tumor was examined on the morning of the third day (about forty hours after flexion was enforced), and considerable solidification had occurred. On the fifth day, the tumor was hard and solid, and neither pulsation nor thrill could be detected. The leg was tightly attached to the thigh at a right angle. On the seventh day, the patient was allowed to move

about, the foot being slung. On the twelfth day, the leg was completely straightened, and the patient walked on it with ease, limping from stiffness at the knee-joint consequent upon confinement. Six weeks subsequently, the tumor was hard and firm, and much smaller. After three months it was barely perceptible, and there was no pulsation in that part of the artery. The patient was seen at various stages by the author's friends, Mr. White, Mr. Cooper, Mr. Coulson, Mr. Holmes, of St. George's Hospital, Mr. Flower, of Middlesex Hospital, and Mr. Buxton Shillitoe. The treatment by flexion in this case was perfectly and immediately successful. It was unattended with any difficulties, it offered no inconveniences, and was not followed by any other than satisfactory results. The case, however, was one particularly well suited for the essay of such a plan of treatment. The patient was not stout, which renders flexion difficult; nor was he aged, which makes it painful. The tumor was of average size and of average prominence; when the knee was bent, the aneurismal sac was below the line of flexure. These he believed to be all favorable circumstances. Cure was evidently effected in this method by the retardation of the current of blood, and the consequent deposition of active clots in the sac—the only manner in which satisfactory cures could be anticipated. The result was probably by the combined influences of pressure on the sac by the surrounding fascial and muscular tissues, and acute flexion of the artery. In so far as it was due to pressure, it appeared to be a return to the old method of treatment, by direct pressure, but was free from the inconveniences of the screw and pad, which were open to the reproach of occasioning gangrene of the skin, rupture of the sac, and other accidents. Its simplicity and its success in this case appeared to strongly recommend it for further trial. If it were not always successful, there was not any other method free from the same objection; and there seemed reason to hope that the principle might admit of efficient application to a number of cases in which aneurismal tumors were developed opposite to the joints of the limbs.—*Med. Times and Gazette.*

5. *Death from Chloroform.*—On Tuesday last, another death from chloroform occurred at the Royal Ophthalmic Hospital. The patient, a healthy-looking girl of fifteen, was about to be operated on for strabismus. She inhaled the anæsthetic without any un-

sual symptoms, until nearly insensible, when she uttered a sudden and very peculiar shriek. After this, she soon became quite insensible; the speculum was introduced, and the operator commenced. The chloroform had been administered on a piece of folded linen, and the time and quantity consumed in the inhalation had both been about the average (neither had been measured). Soon after the first snip with the scissors, the operator's attention was called to the lividity of the girl's countenance, and on the finger being applied to the wrist, she was found to be quite pulseless. Mr. Critchett had already forced open her mouth, and dragged the tongue forwards. Artificial respiration was at once commenced, and, without any intermission, was kept up for about an hour. For a long time sanguine hopes were entertained that she would recover, as slight gasping efforts at inspiration continued to occur at intervals. The pulse, however, never returned, and at length it became apparent that she was quite dead. Movements of the nostrils, as if in the attempt to inspire, were apparent for at least half-an-hour after the pulse had ceased. A brandy enema was given almost immediately after the first symptoms occurred, and it was then found that the sphincter ani was quite relaxed. Mr. Critchett, Mr. Bowman, Mr. Hulke, and a large staff of assistants were present, and everything that was thought desirable in the way of treatment was effected with the utmost efficiency and promptitude. The following day, a post mortem examination took place. Dr. Baden, who conducted it, informs us that the most noticeable lesion met with was the presence of air, in considerable quantity, in the right chambers of the heart. The left side of the heart was empty, but the right contained a small quantity of spumous and fluid blood, with probably not less than two ounces of gas. In the lungs were numerous spots of apoplectic extravasation, probably by the very efficient manner in which artificial respiration had been kept up. There was no organic disease in the body. The uterine organs showed that menstruation (for the first time) was just about to be established.—*Med. Times and Gaz.*, June 4.

6. *Two Cases of Death from Chloroform.*—Two deaths have occurred from chloroform in the hospitals of Paris, in the hands of two surgeons not less eminent for their knowledge than for their prudence, and the precautions they are accustomed to employ in

the administration of this agent. The first case was a man, aged 44, strong and vigorous. It was proposed to reduce a luxation of the shoulder. From fifteen to twenty grammes of the anæsthetic were employed. The chloroformization followed its usual course : first *excitation*, then *relaxation*. The pulse continued calm, as well as the breathing ; the expression of countenance was not changed ; nothing indicated an unfavorable result. Relaxation having been obtained, Richet proceeded with the reduction, having removed chloroform from the patient. Suddenly, the reduction being accomplished, the pulse ceased on both sides ; there were no longer præcordial palpitations, although respiration continued. This soon ceased ; then Richet used artificial respiration. Three inspirations were obtained, but the patient succumbed, without any movements of the heart being reëstablished.

The second case was a girl, aged seven and a half years, in the service of M. Marjolin. Four grammes of chloroform were employed. It was employed as in the preceding case, in a bloodless operation—that for coxalgia (Bonnet's treatment). The child submitted readily to the inhalations. The first attempt was followed by cries from the child, who endeavored to place its free hand on the distant hip. In a few seconds the anæsthetic sleep and relaxation were produced, although the anæsthesia was not profound, since but few manipulations had been made, when the cries and agitation were reëstablished. The surgeon ceased his operations, and suddenly the cries and muscular resistance ceased. Instinctively, and as if from a sad presentiment, Marjolin looked at the child. The physiognomy was strange ; the head was turned towards the bolster ; the countenance more highly colored than a few moments before ; eyes fixed, and half closed. The pulse and heart being examined, no pulsations were perceived ; three or four inspirations, becoming weaker and weaker, then took place ; all relief proved useless ; death was certain. In these two cases the pulse and the heart ceased to furnish palpitations, although the respiration continued. There was no asphyxia, but a contrary effect in each case. In both, the countenance, at the moment of death, preserved its color ; and hence, death did not take place from syncope. How, then, did the chloroform act ? Was it by direct action on the heart and the lungs, which were as if paralyzed by it ? These questions have not as yet been settled.—*Jour. de Pharm., and Am. Med. Monthly.*

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CONDUCTED BY

E. B. STEVENS, M.D., AND JOHN A. MURPHY, M.D.

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Original Communications.

ARTICLE I.—*Case of Laryngismus Stridulus.* Read before the Erie Co. Med. Society. By R. R. McMEENS, M.D., Sandusky, Ohio.

The above term, when restricted to the particular affection it is intended to represent, is often one of the most obstinate and complicated diseases we have to encounter. There are a number of abnormal croupy and catarrhal approximations that are not unfrequently included under this name, but which are very different from it in nature, course and character. It has been treated of by writers under a variety of names, often indefinite and inappropriate, and only calculated to confuse the correct diagnosis of the disease; but of late years it has become more satisfactorily defined, and is very accurately described and elaborately collated in the work by Condie, on diseases of children.

I have met with an interesting case of the kind, presenting all the phases of the complaint, with many peculiar complications and conditions—some of which, in my opinion, were strongly corroborative of the late views respecting its pathology as advanced by Dr. Hord, in the *British and Foreign Medico-Chirurgical Review*; and therefore deem it worthy of relation.

The patient was a male child, about twelve months old, of large size and full habit, and of a nervous leucophlegmatic tem-

perament. He had suffered the previous summer from an ordinary siege of the whooping cough, which had terminated without the entailment of any obvious susceptibilities or sequences. He was first attacked with the disease under consideration in January, 1857. The assault was sudden, and of the most violent and alarming character, requiring for a number of days the almost constant vigilance and care of Dr. Tilden, who was in attendance, to control the convulsions and prevent the occurrence of fatal asphyxia. The symptoms in this case were so identical with those described by Condie in the work alluded to, that I shall only make mention of some of the most prominent and peculiar, while detailing the course pursued, and the complications supervening upon the disease as it progressed.

The child would most frequently start from out its sleep with a cry of alarm, or violent struggle for breath, while paroxysms of spasmodic cough and stridulent, dyspnoetic respiration would be excited by each attempt at inspiration of air; which, after a longer or shorter period, would eventuate in the discharge or deglutition of a small quantity of glairy mucus, or frequently in a series of severe and frightful convulsions. During the paroxysms the head would be alternately, forcibly extended, or firmly flexed upon the chest; and in fact all the muscles concerned in respiration in a state of rigid tension or great agitation, while every effort at inspiration was attended with the shrill sibilant crow, so pathognomonic of the affection. The paroxysms would recur in rapid succession, until they subsided in convulsions, or the physical powers became so prostrated that the patient would sink into a lethargic and long continued sleep or stupor; when, after a short period of comparative quiet, they would again ensue, with all their former symptoms and severity. This state of things continued, with but short intervals of respite, both night and day for the space of ten weeks. The countenance became pale, tumid and cadaverous in expression, the spasms and stridulent cough recurring frequently, and the convulsions irregularly, until the little sufferer seemed worn out and exhausted, and he lay for two weeks in a semicomatose condition, taking but little nourishment, and apparently without any comprehension of the act.

About this time I was called to take charge of the case, having seen it but once or twice before in consultation with Dr. Tilden.

The Doctor had most diligently and skilfully administered and applied all the remedies suggested by the indications, and recommended by authorities, with but temporary benefit and unsatisfactory results.

Among the numerous measures, I shall only mention those that seemed to afford some mitigation of the symptoms, or exerted some influence over the disease. The gums, being swollen, were freely and frequently lanced, the warm bath often relieved the convulsions, the inhalation of ether or chloroform controlled in a degree the spasms of the glottis—the application of a sponge immersed in warm water to the throat, conduced to the same end. Injections of assafœtida also had some influence. A great variety of antispasmodics, narcotics, nervous sedatives, tonics and anodynes had been exhibited, without any marked benefit. The extract of cannabis indica was then resorted to, with the effect of promptly controlling the spasms and convulsions so soon as its influence could be procured, but manifested no power over the reproduction of the same symptoms, directly upon its cessation. The disease persisted in its continuance, more or less actively, until the first of the succeeding June, when it gradually and almost entirely disappeared, and hopes were entertained of its final extinction. In December of the same year, however, it again returned, and subsequently developed complications of a still more grave and untoward character, and continued with only occasional and brief remissions until the last of February, 1858. As the general symptoms were much the same as those already described, I shall only notice conditions or complications not previously presented or portrayed.

The greater part of this second attack, the bowels were torpid, and the evacuations of a blue clay color and consistence, often tympanitic and noisy, and evidently of themselves exciting a repetition of the spasms and convulsions. Pressure upon the abdomen would often instantly produce a spasm of the glottis, when the patient was in a state of complete repose. In addition to carpo-pedal spasms, which had early existed at this time, both the upper and lower extremities became permanently semiflexed upon themselves and partially paralyzed. He was unable to grasp or hold anything in his hands, or sustain the least weight of the body upon his limbs. The treatment pursued during this time

was in accordance with the pathological statements of Dr. Hood, before alluded to, and which had but then come to my notice. He declares the exciting and sustaining cause of the disease to depend upon an enlarged state and disordered function of the liver—a condition of that organ vulgarly termed and treated by nurses as “Livergrown,” and that the laryngeal difficulty, dyspnœa and spasm of the glottis are sympathetically excited and secondarily involved; and offers in support of the allegation the revelations of twelve autopsies of fatal cases, all confirmatory of the fact. To the truth of this proposition I am strongly inclined to defer, from the ostensible efficacy of remedies adapted to such pathological inductions. Cathartic doses of calomel, followed by free discharges of vitiated bilious secretions, were invariably succeeded by a marked amendment, while the absence or deficiency of such secretion was precursor to a decided aggravation of the disease. As an alterative, the proto-iodide of mercury had a most happy influence over the secretions. Dover powder usually sufficed to allay any disturbance or pain in the bowels. Frictions along the spinal column were premised for the contraction and insensibility of the extremities, and the inhalation of ether hyoscyamus and anise to soothe the irritability of the larynx and allay cough. Under this treatment, at least, the disease was manifestly modified, and the patient steadfastly improved.

How such a pathological condition and disordered function of the liver is capable of producing such an inveterate affection, and involving so distant an organ, by sympathetic influence and nervous concentration alone, is a question of no easy solution, and would require the talent and ingenuity of a Henry Frazer Campbell to clearly elucidate.

About the 10th of the following April, the patient was seized with acute lobular pneumonia, from a slight out-door exposure, from which he was rescued with difficulty by active treatment, since which he has been in the enjoyment of uninterrupted health, and grown rapidly and robust. The only observable result of his long continued illness is an extreme tardiness in acquiring the pronunciation of words.

The proximate and predisposing causes of the disease in this case appear to me to have been threefold: the process of dentition, inducing the primary impressibility and disposition, the en-

gorgement of the capillary structure, and consequent disorder of the liver, developing and sustaining an increased irritation, while the subsequent implication of the intestinal canal concurred to promote and protract the disease.

ARTICLE II.—*Miasmata*. BY WM. F. HARVEY, M.D., Springtown, Indiana.

MESSRS. EDITORS :—I wish to present my views on the subject of *Miasmata*: a subject which I have thought has been too much neglected, considering that the causes of disease which are only known by this title are causes with which every practitioner of medicine has to deal. I have been investigating the subject as carefully as I have been able to do, with the means I have at command, and have formed my conclusions upon such facts as I have obtained from various sources. Of all the theories hitherto advanced, none have been satisfactory to my mind as to the cause of those diseases which have been attributed to certain incomprehensible poisons infecting the atmosphere in certain localities and countries, and especially those of marshes.

All that is known of remedial agents used in the treatment of such maladies is the result of accident, or actual experiment, to ascertain what this or that agent would effect. We have, as a result, learned that articles of certain classes of the *materia medica* will remove certain effects of the unknown cause; but of the *modus operandi* of those remedial agents in removing disease, nothing, absolutely nothing is known, or ever will be so long as we adhere to the various theories of the causes which have been hitherto advanced. Authors discuss the subject just as if each knew a definite cause or poison which has received the appellation of miasm; and yet nothing which has ever been discovered by eudiometrical researches has been claimed as the cause. That there is a cause, or causes, existing somewhere, which, under certain circumstances, produce epidemic diseases, is not, I think, doubted by any well informed member of the profession.

The term *miasm* signifies infecting substances floating in the air. The term *malaria* is also applied synonymously with *miasma*. I give the meaning of the terms here, to show the vague-

ness of meaning, and to show that they give great latitude to say that the cause may be this or that substance, although there may be no similiarity in medical properties.

It is generally presumed that miasmata are the result of decaying animal or vegetable matter. This, I presume, is true for the most part; but we must not on that account attribute an unhealthy condition of the air wholly to marshes, as is generally done. Chemical analysis has shown to us that all animal bodies are composed principally of oxygen, azote, or nitrogen, carbon and hydrogen; and that all vegetable bodies are composed principally of oxygen, carbon and hydrogen. The composition of atmospheric air is oxygen and nitrogen, with other gasses floating in it, as carbonic acid gas, ammonia, etc.; and the relative proportion of the two elements which compose pure air is always the same, and these are only mechanically united.

Inorganic bodies have, in each class, a combination of elements peculiar to itself, which in very many cases is a union of some of the gasses which enter into the composition of organic matter with a metallic or mineral base; as, for instance, nitrogen and oxygen with potassium forming the nitrate of potassa, oxygen and hydrogen with sulphur forming sulphuric acid, etc., etc.

Upon the varieties of union of the various elements of all known substances and bodies (taking into account the vital principle of organic bodies), I have founded my views of the causes of those diseases which are said to be malarious. A certain degree of humidity and warmth are necessary for the decomposition of either animal or vegetable substances; and up to a certain degree of humidity, *cæteris paribus*, the rapidity of change takes place in proportion to the amount of moisture coming in contact with dead matter. For if there be either too much or too small a quantity of moisture in contact with such bodies or substances, the change takes place so slowly that it is scarcely perceptible to the organs of sense; and when this is the case, the vital powers of the system expel all such influences as may arise from such sources, before any deleterious effect has been produced in the animal economy.

In the earth are found various mineral substances, capable of being volatilized when made moist and heated; such are some of the compounds of ammonia, etc. In all marshy countries vege-

tation grows more luxuriantly and rapidly than in dry lands ; and hence there is a larger amount of matter to undergo the putrefactive process.

In the disintegrating process new compounds are formed, amongst which are carbonic acid gas, carburetted hydrogen, nitrous acid, etc. These gasses, when inhaled or absorbed into the system, produce changes in the performance of the functions of those organs most easily operated upon or affected ; or, in other words, change the healthy standard of elementary union.

When persons wound themselves while dissecting dead human bodies, a poison is introduced, which not unfrequently produces a very obstinate and dangerous disease, which partakes very much of the nature of malignant erysipelas. Erysipelas exists both sporadically and epidemically, and in various forms and degrees of intensity.

The subjects of dissection are undergoing the putrefactive process ; and (death having probably been produced by the cause or causes of which I shall hereafter speak) it is not strange that such wounds should assume such malignancy, and be so difficult to cure, when we remember that a poison has been introduced directly into the circulating blood.

Wounds produced while dissecting the bodies of persons who have come to their death suddenly, while in health, do not partake so much of the erysipelatos character until putrefaction shall have commenced.

Poisoning by adulterated liquors taken into the stomach sometimes produces symptoms similar to Asiatic cholera ; and this latter disease exists both sporadically and epidemically. In such cases the symptoms are the effect of the specific poison of the liquors.

In the above instances, those organs most easily operated upon by the specific poisons are first affected.

With these preliminary remarks I venture to lay down the following proposition, to wit : those diseases originating from miasmatic causes are produced by a change in the relative proportion of the several gaseous and mineral elements of which the living body is composed ; in other words, diseases which appear both epidemically and sporadically, and some others, are produced by the addition to, or subtraction from, the essential elements of the body in health.

In cases of wounds received while dissecting dead subjects, there is a specific poison introduced through the wound, which changes the healthy standard of elementary union, and in a great measure destroys the life of the part. The poison spreads until the life of the whole being is destroyed. M.M. Gaspard and Magendie have frequently, by actual experiment, proven that by introducing substances in a state of decomposition into the circulation of the blood of animals, typhus fever is produced; and, further, that the post mortem appearances are the same as in the human race.

In intermittent, bilious and remittent fevers, the crassamentum of the blood is increased, and darker in appearance than in health. The red globules are darker, and the quantity of serum less than the healthy standard; the fibrine having been either changed to albumine or coagulated to a certain extent. Hence we may infer that there has been *carbonaceous* matter from external sources added in undue proportion, or a decomposition within the body.

Mulder says, "When albumine is changed to fibrine, it loses a part of its oxygen, and gains carbon: albumine containing oxygen 22, carbon 53.5, and fibrine ox. 23.5, and carbon 52.7." The blood is poisoned by carbon; this blood, for want of proper oxidation, is rendered incapable of taking up the effete animal carbon, etc., in the capillaries. Instead, therefore, of those poisons being eliminated through the great venous circulation, they remain in the system, and assist in the generation of diseases.

Bile is a carbonaceous substance; as of 1,000 parts, according to Berzelius, in which 908.4 parts are water, 80 parts of the residue are picromel. Of 100 parts of picromel, 44 are carbon, 35 hydrogen, 12 nitrous oxyde, or protoxyde of nitrogen, and the remaining 9 parts sulphur, etc. Bile is an acrid substance in the bowels, and excites their peristaltic action. An increase of carbon in the blood must necessarily derange the functions of the liver or cause it to secrete a vitiated bile, capable of arousing a fire in the duodenum; and facts go to show that every case of malarious disease is attended by derangement in the functions of that organ.

The supercarbonized blood is sent to the lungs, there it is partially purified by the addition of oxygen and the abstraction of carbonic acid; from thence it is returned to the heart, loaded with an undue proportion of carbonaceous matter, to be again sent through the aorta to all parts of the system. The liver being

incapable of eliminating the bile elements from the blood as it passes through it, these elements go the rounds of the circulation, and by their acrid and exciting properties stimulate the heart, arteries and veins to increased action: hence the rapid pulse. As the union of carbon and oxygen eliminates heat, the blood must become heated in the great vital furnace—the lungs—in proportion to the amount of carbon passing through them in the blood, and the oxygen inspired into them: hence the fever; hence, the greater amount of carbon in the sanguineous circulation, the greater or more intense will be the fever. This is very clearly demonstrated in the use of *veratrum viride*, in febrile diseases; for no sooner is the rapidity of the pulse reduced to the natural standard, or lower, than the fever is proportionally reduced—the system becomes cooled down. By *veratrum viride* the carbon is rendered latent, so to speak, or neutralized to a certain extent.

As animal and vegetable matter, are decaying, more or less carbon or carbonic acid is disengaged, which may be imbibed through the lungs, skin, and even the food we eat, when the food itself begins to decay. The food may absorb from the atmosphere some portion of the free carbonic acid floating in it, and so increase that gas as to render it poisonous. By these sources, or rather channels, the blood may become unduly carbonized for health.

In such diseases as typhoid fever, a similar condition of the blood as described in those diseases before mentioned, obtains; but there are also other modifying causes operating upon the system, which produce the peculiarity of symptoms: as great irritation or depression of the nervous system, especially the nervous centres, from over-exertion of the mind, or watchfulness, or any cause sufficient to over-tax the nervous energy; the cuticle becomes glazed, as it were, with a sticky perspiration, and becomes a very poor conductor of heat, and as the blood passes through the capillaries it communicates heat to all parts of the body; and for want of a free exit from the system, it accumulates to a considerable degree above the natural standard. Hence we occasionally find a languid pulse with hot, dry skin. The nervous system, by over-excitation, eventually succumbs, and fails to direct the various organs to perform their natural functions; hence diarrhoea

and vomiting occasionally, constipation in most cases, congestion of blood in some important organ, and a relaxed condition of muscular tissue, and hæmorrhage, subsultus tendinum, etc. The liver fails to supply the bowels with healthy bile, and the nervous sensibility is so blunted that the acrid properties of what passes into the duodenum are not recognized. The kidneys cease in a great measure to secrete urine, and constipation and dysuria are the result.

Almost every physician is aware that a certain quantity of alcoholic liquors, taken into the system, will sometimes produce symptoms about the sensorium communis similar to those seen in typhoid fever. Alcoholic liquors are unquestionably carbonaceous; and the more nearly pure alcohol, the more nearly pure carbon.

In fevers generally the exhalents are closed, and fail to throw off the effete animal matter, which it is their function to do in health. This retained matter is another fruitful source by which the diseases are aggravated. The effete animal matter is composed of gasses which have performed their work in the system, and are now ready to be expelled.

In such diseases as cholera, dysentery, etc., we must look for other causes; but these may be found in other gaseous or mineral elements or compounds, emanating from similar sources as carbon, and also from the earth. My opinion is that cholera is produced by the action of *nitrous acid gas** upon the blood. In certain electrical conditions of the atmosphere, the oxygen and nitrogen of the air become chemically united, and form nitrous oxide or protoxide of nitrogen; and these two gasses, being disengaged from decaying animal matter, become united also with the same result; and the resulting compound floats in the air, and is absorbed through the lungs, skin, food, etc., into the system. I believe that the great amount of moisture in the air, the great heat and presence of electricity everywhere in those countries where cholera is raging, cause a greater or less chemical union of the elements of the air, thereby producing nitrous acid gas. This gas is produced, artificially, by passing electricity through nitrogen and oxygen. It is not unfrequently formed in

* This idea was obtained from my friend Dr. A. V. Coffin, several years ago, and I have investigated the subject since.

the air during thunder storms, as is proven by its presence in rain water, in which it has been detected occasionally after a thunder storm.

When cholera is most prevalent in any country, there thunder storms are less frequent than usual, and the air is more thoroughly impregnated with moisture (but without rain), by which the electric fluid is conveyed from place to place imperceptible. In its passage through the air it has been the cause of union between the two constituents of atmospheric air, by which protoxide of nitrogen has been produced.* If rain water be found to contain nitrous oxide, is it not probable that water used for culinary and drinking purposes sometimes become impregnated with the gas also? I think this will be found true.

During the prevalence of cholera almost every one feels an uncomfortable and indescribable sensation. You ask any one you choose the question, "How do you feel?" and you receive the answer, "Not very well." You ask, "What is the matter?"—you are answered, "I don't know." Persons will tell you they can not describe their feelings to you. And you, my dear reader, know what I am speaking of, if you have ever been where cholera has been raging to any considerable extent. The cause of this indescribable sensation is nitrous oxide operating upon the system; and in those persons who have a weak nervous system, it will eventually overcome them, and they will experience all the horrid realities of cholera.

In many parts of the world nitrate of potassa exists in the soil or in caves. This, under certain circumstances, may become decomposed, and nitrogen disengaged, which may unite chemically with oxygen of the air, or the metal potassium may meet with some substance in water, with which it has a greater affinity than oxygen or nitrogen, and nitric acid may be simply separated and diluted, and arise into the air. This gas may from such source be disseminated in large portions of air.

Nitrous acid being taken into the system decomposes the blood; the serous portion is largely increased, and the presence of a superabundance of this fluid over the natural and healthy standard excites the serous membranes of the stomach and bowels, and

* Mirror of Nature, by G. H. Shubert, translated by Wm. H. Furness, pp. 236 and 237.

they take it up and pour it into the alimentary canal in immense quantity. Its presence there excites the bowels and stomach, and they expel it from the system. With this view of the subject it is easy to understand why calomel acts so powerfully in arresting the malady. The nitrous acid in the system unites with the mercury of the calomel, and liberates the chlorine; and nitrate of mercury, or rather a nitrate of the suboxide of mercury, is formed, which is harmless in the system. The chlorine acts as a restorative, destroying the putrefactive tendency, and enabling the vital powers of the system to rally again. Chlorine is known to be one of the most powerful disinfecting agents, and its prophylactic properties in cholera are also well known. Other gasses, or combinations of gasses, etc., are taken into the system, and produce other changes in the elementary union of the component elements of the living body, and thereby produce other forms of diseases. Such are my views of miasmata.

If the causes of malarious diseases are as I have suggested (and I have no doubt about it), then it is easy to account for the appearance of such maladies in all parts of the world. To attribute the cause to marshes and marshy regions alone, and to one specific cause, is sure to produce conflicting theories without arriving any nearer the truth. Furthermore, there is no positive evidence of any kind to show that there is any one specific cause arising from marshes, capable of producing intermittents, etc., on high and dry land, other than as I have stated heretofore. On the contrary, many authors say that the influence of marsh miasm extends but a few hundred yards from the marshes; and there is positive evidence of the existence of the various gasses and combination of gasses I have mentioned in the air, at certain times and places, and under certain circumstances.

From the foregoing you will perceive that I have no confidence in miasmatic poison, as generally understood; but I believe that that class of diseases termed malarious, and supposed to be the effect of a single cause or poison, are the effect of several different agents. If we regard malarious diseases in this light, we may be enabled to understand the *modus operandi* of all those remedial agents with the effects of which we are well acquainted, and also to introduce others on rational principles.

ARTICLE III.—*Sudden Deaths in the Puerperal State attributable to Dynamic Lesions of the Nervous Centres.* By R. E. HOUGHTON, M.D., Richmond, Indiana.

This subject has been brought forcibly to my mind recently by the sudden and unexpected death of one of my patients. Mrs. —, of middle age, having borne four or five children, being in excellent health, was confined in May last. Labor was natural, not severe or protracted; but little loss of blood at the time of labor; continued to do well till the tenth day at about one o'clock, when she got out of bed, for the purpose of evacuating her bowels, fainted, and in about forty minutes was dead. She had been quite well, cheerful, took her dinner sitting up in bed. Her bowels had been properly moved on the third day after delivery, and she told me on my last visit to her she had never got along so well before. Lochia were natural, not suppressed, suffered nothing, and in all respects was doing as well as a woman could do. I had requested her not to sit up or get up till after the tenth day, and urged upon her the necessity of care, and pointed out some of the difficulties to be prevented. She assented to it, saying she would be careful. On the tenth day, at about one o'clock, she having taken some sleep after dinner, her daughter went into the room where she was, found her sitting on the edge of the bed. She wanted the elder daughter called to her, and while this was being done, she made an effort, without assistance, to evacuate the bowels. In stooping she became insensible, and would have fallen to the floor, but was supported by the bed. A lady friend, who had just called upon her, came into the room and saw her insensible, and fast becoming of a livid color; and a neighbor from the next house came in and she was laid upon the bed. Much difficulty of respiration, livid color of all the surface; but when I reached the house, there was a return to consciousness, but she was pulseless, with great restlessness and anxious expression of countenance. No pulse was found at the wrist, in the carotids, and auscultation detected no sound of the heart, though the ear was applied directly to the chest. Stimulants were freely plied, but in thirty or forty minutes she expired, with a slight muscular spasm as the soul took its flight from its earthly tenement to God who gave it. Now, what caused her

death, is to me a very important and interesting question. Now we come to the text. In the class of sudden deaths by dynamic lesions of the nervous centres, we include those produced by syncope, by pain, and those purely of an emotional character.

First, then, syncope. I regard syncope as among the fatal causes in the puerperal state, and more to be dreaded in its effects than many others; yet women often faint and recover from it without much apparent difficulty. But it is not always so. The condition of pregnancy, though a physiological one, and intended for the preservation of the race, induces such changes, moral, physical and emotional, as to render the term of pregnancy and the puerperal state one of much danger and difficulty, and all the causes of death should be investigated as closely as circumstances will allow. In my case I sought a post mortem examination, which was not granted. After a time (the day of interment) I, together with my former partner, Dr. Butler, was requested to make such examination as would satisfy friends that the patient was dead, as they saw changes in her appearance during the previous thirty-six hours. Her countenance was calm in death, no evidence of previous suffering; in fact, she looked as though she were sleeping. We again urged the post mortem examination, stating that such cases were not of common occurrence, and might reveal the cause of death to us, beyond the possibility of doubt. Our opinion was fatal syncope. She had a fainting fit, and the pulsations of the heart ceased forever. We have no doubt but that a clot formed in the cavities of the heart, *necessarily* a fatal condition, though life is or may be prolonged to hours or even days. Dr. Meigs says that death may occur after the formation of a clot in the heart immediately, in *eighteen hours, thirty-six hours*, in eighteen days, but such a condition is a fatal one. In the absence of anatomical lesions, apparent to the senses, syncope is believed to explain or be the cause of those sudden deaths which occur in the puerperal state. Again, I can understand how it is that severe pain may so affect the brain and nervous system as to exhaust or overcome it in some manner, and thus fainting be induced. And again, the brain may be over-taxed during the period of pregnancy and during labor, and by any muscular effort after confinement the same condition may be induced. Again, it is very common, when severe pain exists in the bowels, nausea

and even fainting is induced, and the same law holds good in many cases after severe labor pain has ceased, a disposition to faint takes place. And, again, I know medical men who never use the binder or bandage, and yet I know, after a sudden delivery, the great distension of the abdominal walls produce a powerful impression upon the nervous system through reflex, nervous action, and fainting may be rapidly and suddenly induced by this alone. Hence I regard him as an unsafe adviser who says, not use a bandage after delivery. "In the case of syncope, every effort should be made," says Dr. Tyler Smith, "by the use of stimuli, to prevent the long continuance of this state, so as to avert the formation of coagula in the ventricles of the heart." This fainting may be and often is dependent upon other conditions besides loss of blood immediately after labor, and I am perfectly certain that it is not necessary that *post partum* hæmorrhage should exist, to produce syncope and its results—the heart clot and death. It is objected by intelligent medical men, that because hæmorrhage does not exist *a priori*, fainting and a polypus or coagula in the cavities of the heart can not exist. Let not such deceive themselves by such futile objections, when their patients may die almost instantly in their hands. Even the bistoury, says Dr. Meigs, is unnecessary to reveal a pathological condition, which the reason discloses as well as the scalpel, and what M. Serres calls *transcendental anatomy* goes farther and surer than the dissection.

Now let us for a few moments examine the more immediate causes of fainting in the puerperal state. We have already spoken of some of the conditions which by reflex influence affect the brain, or more properly the circulation of the brain, and induce thereby fainting. But I am sure, in all cases, and particularly in those of hæmorrhage, that the vessels of the brain are not kept sufficient full, and hence, by their want of fulness, the ordinary nerve influence is not sustained, and fainting results. But, again, I am more positive that this condition—viz : a changed condition of the elements of the blood—takes place in pregnant women, and this changed blood, when sent to the brain, does not generate *that biotic* force which sustains the functions of nature ; and hence fainting is induced, instead of plethora, which is unfortunately considered the great leading condition in many

or most cases ; which is, on the contrary, a great mistake, and those who bleed and purge such cases are increasing the fearful condition which will lead to danger at the time of labor or after. The experiments of Andral and Cravarret have proved that there is an increasing fluidity of the blood in pregnant females, and what is thought to be plethora is mistaken for conditions allied to those of anæmia and chlorosis. I have been led to a complete change of mind in those cases, from observing a few cases through all the period of pregnancy, as compared with the state of the same patient in the non-pregnant state. I have one case now who in the non-pregnant state is a hale, hearty woman, disposed to plethora in this case ; but when she becomes pregnant the whole condition of health is changed. There is an increase of the serous portion of the blood indicated almost all through her pregnancy, but more particularly the last six months of gestation. The fluid portions of blood are deposited in the subcellular structures, swelling of the limbs, face, and, as she expresses it, a bloated condition all over takes place. In her first labor, puerperal convulsions, lasting for nearly twenty-four hours, had nearly terminated her existence, coming on during her labor (which was terminated by forceps), and lasting for several hours after its completion. Now here the biotic force of the brain is generated by unhealthy or changed blood, and this force, this nerve power, is spent in sustaining the functions ; reflex phenomena are induced, convulsions are induced, the heart's action under undue or unhealthy nerve power excessively stimulated, and all the associated functions of innervation, circulation, secretion, etc., deranged, and almost annulled. And I assert, that the peculiar condition of the blood in all cases of puerperal women has much to do with the morbid states developed after labor, and much to do with those mortal syncopes, which are so fearful to the patient and terrifying to the beholder.

How absurd, then, to follow indiscriminate depletion, as is done by many at the present day, by blood-letting, by rigid diet, etc., when the patient is not plethoric, but the reverse, though putting on many of the symptoms and appearances of plethora. In fact, you may get in some women the ruddy complexion, the round, plump physique or *embonpoint*, with a strong pulse ; yet you have swollen, œdematous limbs, failure more or less in the digestive

organs, torpid bowels, headache. Do not be too positive of plethora. The head aches for want of good blood; it is watery, can not nourish and generate the nerve tissue, and these symptoms exist anew. Would you bleed?—Never. Would you deplete by other means?—Never. Change the crisis of the blood by exercise in the open air, cheerful company, light but very nutritious diet, and you accomplish infinitely more, and render the patient safer during the trying hours of the puerperal state.

We have presented here some of our own observations and deductions, and though not allowed in all cases of sudden death to look for the lesion, and demonstrate, if possible, the positive existence of the real cause of death, yet are not prevented from reasoning out such cases. Though it may be the examination of such cases would not always develop the lesion, organic or functional, which has caused sudden death, yet to me there is a pleasure, a gratification arising from the absolute demonstration of the existence of such lesion, when unfortunately death does occur, produced by the pleasing thought, *truth* sustains reason in its high prerogative of deciding, that *such is the fact*, and the scalpel proves it.

ARTICLE IV.—*Obstetrical Cases.* By J. B. SMITH, M.D., of Cincinnati.

Spasmodic Contraction of the Os Uteri preventing Descent of the Placenta, relieved by Introduction of the Hand.—On the 7th of May, I was requested to visit Mrs. M——, in labor with her second child. On examination found os fully dilated; presentation vertex, first position. After rupturing the membranes, the child was expelled in about twenty minutes. Placing the hand over the abdomen, the uterus was felt to be firmly contracted and globular in form. Proceeding, as usual, to ascertain the condition of the placenta, I found the umbilical cord firmly grasped by the os—so much so as to prevent the entrance of the point of the finger. I at once proceeded to introduce the hand into the vagina, and very carefully and slowly to insinuate the fingers into the mouth of the uterus, after the same method recommended for overcoming hour-glass contraction of the neck and body of the

organ. This was accomplished in about half an hour, but not without causing the woman considerable pain. The placenta was found detached over the os, and was with the hand withdrawn the uterus contracting regularly. No subsequent difficulty.

Case of Twins—Adhesion of one Placenta—Imperfect Detachment—Followed by Crural and Uterine Phlebitis—Death.—On the 13th of May, I was requested to visit Mrs. H——, in labor with her first child. Woman of delicate constitution. Health poor during whole period of gestation. Has been in labor, as she supposes, about twenty-four hours; contractions half an hour apart. She states that for the last week she has been unable to take nourishment, on account of irritability of the stomach; no sleep for two nights. On examination, found posterior obliquity—os almost out of reach; but little dilatation; vertex presentation; position not determined; but little relaxation of parts. She was ordered small doses of sulph. morphia in camphor water. After the second dose, the pains were less severe, and she had a comparatively comfortable night. The following day, twenty-four hours after first visit, was sent for, and found os in the axis of canal, dilated to the extent of a two-dollar piece; parts moist, cool and relaxed, but pains inefficient. After waiting an hour without any increase in the force of the contractions, she was ordered ʒss. of ergot in cinnamon water, with the effect of augmenting both their frequency and force. In less than one hour a child was expelled. On placing a hand over the abdomen, I at once detected the presence of a second child. After rupturing the membranes the vertex descended, and in half an hour the second was born—both living.

One placenta, on examination, was found detached, lying over os; delivered in usual manner. The second not being within reach, the hand was carefully introduced into the uterus, and guided by the cord, it—the placenta—was found firmly adherent to the anterior portion of the body and fundus of the organ. Proceeding carefully to insinuate the fingers between the uterus and the placenta, I succeeded in detaching about nine-tenths of the mass, but so firmly was the remainder adherent as to present to the finger the impression of a continuation of the substance of the uterus instead of the placenta. Finding it impossible, without resorting to unjustifiable force, to separate this portion, the

detached mass was removed, and the woman bandaged and made as comfortable as circumstances would admit. She was ordered grs. x. ergot every four hours, and quietude.

On visiting my patient next day, I found her in as favorable a state as under the circumstances I had a right to expect. The lochia was rather abundant, but not constituting hæmorrhage; she was tranquil, more hopeful, and free from abdominal tenderness; had some appetite, and on the whole had passed a comfortable night. She continued to progress favorably until the fifth day, at which time the lochia became rather offensive, and small pieces of partially decomposed placenta were at intervals thrown off. She was ordered fomentations to the abdomen and vaginal injections of sol. chl. soda in mucilage. On the eighth day a large portion of the adherent mass was separated and thrown off in a putrid state, accompanied by a rather profuse discharge of blood; but this subsided without treatment. On the ninth day she was seized with a chill, followed by fever of a low type; sordes about mouth, dry glazed tongue, frequent and weak pulse, low muttering delirium, accompanied by tenderness, hardness and pain of crural veins of right side; in short, she had the usual symptoms which follow absorption into the circulation of putrid matter. From this time the disease made rapid progress, extending upwards to the uterus; and on the thirteenth day, for the first time, she had tenderness and tympanitis of the abdomen, and in all probability effusion into the peritoneal sac. She died on the fourteenth day.

ARTICLE V.—*Dropsy of the Amnion: is it?* By I. MENDENHALL, M.D., Ashland, Indiana.

I was called on the 20th day of April to visit Mrs. M. S., age twenty-six, mother of four children—all died whilst very young. She is of small stature, and of nervous bilious temperament. She says that her general health has been good for the last several months; *enciente* seven months; says her "water broke" about one hour ago, and had slight pains. We waited for two hours, the pains did not increase; we then proceeded to make an examination per vaginam, and ascertained that the

cervex uteri was *unobliterated*; that the os uteri was only dilated sufficient to admit the index finger, and that the membranes were intact and *tense*. We enjoined quiet, administered an anodyne, and left.

26th.—Was called in haste. She says that she has passed more or less water every day and night since my first visit; does not know how much—perhaps not less than one pint, and not more than a quart, every twenty-four hours; always has one or two tolerably sharp pains previous to its expulsion. She says that she had been flooding considerably that morning, and has tolerably brisk pains about every half hour. We waited for some time, expecting that labor would eventually proceed; but we waited in vain. We made another examination per vaginam, and found the parts in nearly the same condition as before. On withdrawing my hand, I found the finger was not soiled with *blood*, and her linen was not *colored*. She had been mistaken: it had been the same fluid, or of the same character, as that which was expelled on previous occasions. We administered an anodyne. The pains stopped; but she was troubled with the frequent discharge of “water,” as she called it, every day and night until her accouchment, which took place on the 23d day of May. Nothing unusual took place at this time. The membranes were not ruptured until the first stage of labor was nearly completed, and then they were ruptured with the contractions of the uterus. Both mother and child did well.

Remarks.—This was the first case of the kind that I have ever seen. I have related it to several medical gentlemen, and all seemed to be interested in it.

One gave it as his opinion that the fluid that was discharged per vaginam was urine. In order to test the matter, we obtained about seven drachms of the fluid for inspection, which was procured on the 9th day of May. It was of a slightly milky appearance, containing some fragments of flocci—one was about half of an inch in diameter. It had no ammoniacal or urinous smell, although it was noticed for a fortnight every day.

On the evening of the 9th we took two drachms of the fluid and boiled it for five minutes. The milky appearance increased, and a flake of albumen floated on top. On the 10th we added three drops of nitric acid to the fluid that had been boiled, which

increased the milky appearance, but did not dissolve the flake of albumen. In one hour the fluid was of a curdled milky appearance. The placenta was examined after its expulsion, but nothing unusual was detected.

ARTICLE VI.—*Coagulability of the Blood of Infants : A Question in Medical Jurisprudence.* By J. F. HIBBERD, M.D., Richmond, Indiana.

On the evening of the 26th November, 1858, an infant about two weeks old died suddenly, and the next day was buried.

On the 7th of December, being the tenth day after burial and the eleventh after death, the body was exhumed and examined to determine the cause of death, its parents having been arrested upon a charge of poisoning it with some preparation of opium. The blood was dark and fluid throughout the body.

In March, 1859, the parents were arraigned and tried for murder. Several medical gentlemen gave testimony, and attached much importance to the fluidity of the blood as corroborative of other evidence of poisoning by opium. I testified that I thought the fluidity of the blood was not entitled to the weight given it by the other medical gentlemen. I was of the opinion that the blood of an infant two weeks old did not contain sufficient fibrine to allow the absence of coagulation in the case under consideration to be of any force as testimony against the prisoners. This opinion was based upon the declaration of Mr. John Simon, that the blood of the fœtus contains little or no fibrine; and of Nasse and Poggiale, that new-born infants have less fibrine in their blood than adults. This view was further strengthened by the fact that in two recent post mortem examinations of infants, where I had been present, the blood was fluid, and no apprehension of its being caused by poison.

To test the coagulability of the blood of new-born infants, I provided myself with a wide-mouthed two-ounce vial, and when attending obstetrical cases during April and May, when circumstances permitted, upon cutting the cord I inserted the placental end into the vial, and, after obtaining from 3ss. to 3j. of blood, set it under the bed. I found it convenient to do this six times, and in every instance the blood was coagulated by the time I had

taken care of the patient and was ready to examine it—say fifteen or twenty minutes. Carrying it home and setting it by, the clot contracted, squeezing out the serum and behaving in all particulars like blood with an ordinary amount of fibrine. This accords with the result of the experiment of Dr. J. Frantz Simon, who found 2.2 parts of fibrine in 1,000 of blood from the funis, and 2.4 parts of fibrine in 1,000 of blood from the maternal veins.

I therefore conclude that infants in a normal state do have coagulable blood, and that my testimony, as above reported, was erroneous.

ARTICLE VII.—*Abortion, with Expulsion of Morbid Growth from the Uterus.* By Dr. Flora, Jonesville, Indiana.

As the following case presents some features which I can not readily account for, I lay it before you hoping that you may deem it of sufficient importance to give it a passing notice.

Mrs. F——, aged twenty-four years, nervo-lymphatic temperament, pregnant eleven weeks, was seized, on the night of April 22d, with uterine pains, accompanied with a sanguineous discharge. Prescribed sulphate morphia in grain doses, with tannin and sugar of lead, which controlled the pain and discharge. These symptoms of threatened abortion continued one week, when, on the night of April 29th, the patient was seized with severe labor pains, which continued till six A. M., when the fœtus was expelled enclosed in the sac, which was entire. There had been apparently no development beyond the fifth or sixth week. The head was separated from the trunk and limbs, and they (the trunk and limbs) were scarcely developed at all. A dark and firm coagula continued to be expelled till Wednesday, May 4th, when, after a pretty severe pain, the following growth was thrown off: length three and one-half inches; diameter of the body one inch; stem half inch. It contained layers of organized fibrine, with the interstices filled with decomposed blood, which was once the vascular portion perhaps. Was it a polypus, or only organized fibrine? If a polypus, was it the *cause* of abortion by cutting off the supply of the fœtus? or was it merely perverted nutrition set up *after* the *death* of the fœtus?

I would only add that the patient under a tonic treatment, has recovered her usual health, and menstruates regularly up to this time.

Proceedings of Societies.

Proceedings of the Cincinnati Academy of Medicine, Monday evening, July 11, 1859. J. A. THACKER, M.D., Secretary.

The President, Dr. White, being absent, Dr. Wm. Judkins was called to the chair. The Secretary read the minutes of the last meeting.

Dr. E. B. Stevens, being the regular essayist for the evening, proceeded to read the following interesting paper on

VACCINE DISEASE.

I have thought proper to solicit the attention of the Academy, this evening, to some brief reflections connected with the subject of *vaccine disease*. I do so from one or two considerations, that seem patent enough: *First*, the singular indifference to this precautionary measure, which so largely pervades community: thus if you happen to have some very nice, fresh virus, and ask one of your families to avail themselves thereof, you will be almost invariably met with the inquiry, "Is small-pox very bad just now, Doctor?"—as though protection was only called for under peculiar circumstances or on special occasions.

Again, upon some of the most important practical points of the vaccine protection, we have a wonderful degree of vague and even absurd notions prevailing, both popularly and among the profession itself. It would therefore seem desirable to infuse into the *popular* mind, if possible, truer notions of the value of vaccine protection; and into the *professional* mind more uniform and correct views of the character of the vaccine disease, and its relations to variola, as exhaustive of the susceptibility in the human system, to invasions of the latter.

In the elaboration of truth, there are two ways in which we arrive at facts: in a great many instances we simply stumble upon them: others we reach through a painful process of reasoning and experiment. Davy's safety lamp was the result of the application of strictly scientific principles, and was worked out as certainly as any mathematical problem; so, too, it was discovered in various astronomical calculations that certain plane-

tary bodies, as yet unknown, were required to account for particular observed results ; more careful calculations even estimated the character and exact locality which these bodies must necessarily have, before the telescope was brought to bear upon them.

The discovery of the nature and effect of the cow-pox disease is manifestly, however, of the former class of facts : without depreciating the services of Jenner, we may truly say that he stumbled, by very happy Providential direction, upon the *great* fact that those who had been subjects of cow-pox, enjoyed an immunity from *inoculation*, and consequently, as he inferred and subsequently tested, also enjoyed an immunity from variola in the natural way. Now this discovery upon which Jenner based his inquiries and experiments, and from which all our notions spring, was only made sixty years since ; and in view of the obstacles afforded by wilfulness and prejudice, it is truly wonderful that the protecting influence of vaccinia has so widely extended to almost every people and tribe on the globe.

It is not my purpose, however, to repeat at this time those points, so well known, connected with the history of Jenner's researches. I only wish to express my views upon one or two practical inquiries, concerning which there appears to be a degree of skepticism. 1st. How far is cow-pox—or *vaccine disease*—a protection against *variola* ? I am well satisfied that the system completely subjected to vaccine disease, is *completely exempt* from the influence of variola. Thus I suppose that the constitution of the human organism is such that it has a certain susceptibility to variola—a small amount of this virus acting as a zymotic, sets up the train of morbid conditions peculiar to small pox, and thereby so changes the organism that the susceptibility to that kind of influence thereafter ceases. Now this I say is the rule, but it is a rule with large exceptions ; in some persons this susceptibility is much greater than in others, so that even an attack of the small pox may not *always* exhaust it. Frequent instances occur where persons become the subject of small pox proper and in the “natural way” a second time. Many interesting facts of this character were brought out in the full reports made on vaccination to the French Academy of Sciences, in 1845. Thus it is recorded that Dr. Heim, who had had small pox previously, “attended his brother for three weeks, while he labored

under confluent small pox, and three weeks after having gone through this decisive trial, he vaccinated himself and had pustules almost of the ordinary size. M. Moreau, the celebrated accoucheur, who had small pox in early life, revaccinated * himself three times with success." These instances simply illustrate the fact that there is a various degree of susceptibility in different individuals to the influence of the variolous poison. This susceptibility I assume to be alike exhausted by the true small pox disease and vaccinia; and for the reason that both diseases are essentially the same—producing essentially the same changes in the human organism. With the great majority of persons, a single invasion of true vaccine disease—or variola in the "natural way"—is doubtless sufficient to prevent forever thereafter any further attack of either. To prove this, however, the individual should be repeatedly vaccinated until there ceases to be any effect.

For a number of years I have been in the habit of attending on small pox patients professionally. I never resort to any precautions for personal protection, and entertain no anticipation of personal danger. My only safety consists in vaccination performed when I was quite a child. I have frequently repeated the vaccination, but it produces no effect for the past fifteen years beyond that of any trivial scratch. During the past winter I was especially subject to variolous exposure. A young man, an inmate of my family, died with small pox, myself being his only attendant, nurse and physician for nearly two weeks. At the same time my household consisted of my own family, five persons, my sister's family of four persons, and two or three young men in addition to the patient, in all more than a dozen individuals; all of whom were to some extent exposed to infection. All escaped, without any protection *save the vaccine*.

A number of additional very marked instances have occurred under my professional observation, strongly establishing the full protective power of vaccination.

In one of these the patient was a member of a large family, consisting of some twelve or fifteen individuals; only the older members having been previously protected by vaccination, and

* Query: Is not the word "vaccination" here used, as quoted, intended to be "inoculation?"

the character of the disease being unsuspected until the eruption was fully established. Up to this time, no danger being apprehended, there was free intercourse with the sick room, on the part of all the members of the family; they were all therefore very fully exposed to the influence of the contagious poison. At this time they were all vaccinated; the vaccine disease run its regular course, and all were exempt from variola. Others have observed and recorded instances quite as well marked and instructive in their character.

But finally, and to be brief, statistics—which are not to be trusted always, unconfirmed—statistics, I say, show clearly the extent to which the world is at this moment indebted to the protecting power of vaccine influence; for it appears that whereas formerly the mortality from small pox was one in ten of the entire mortality, now it is only 1 in 2,378.

And yet in the face of such facts as these which have so wonderfully accumulated in these sixty years, how strangely skeptical is the world, and how perversely do many members of the profession appear to coincide with this skepticism.

2nd. The next, and only other query to which I wish to direct attention, is whether the protecting influence of vaccinia “*runs out!*” If what I have already said be correct, it almost necessarily follows that a negative answer must be given to this inquiry. And notwithstanding very excellent authority may be urged in support of the view, that after a limited number of years the system becomes afresh susceptible to small pox infection, my own personal experience and observation so positively oppose this idea, that I am thoroughly established in the belief that whatever extent of protection is afforded by vaccination, either single or repeated, is forever.

I suppose the suggestion has arisen in view of the periodical renewal of the human system, which physiological teaching demonstrates to be in continual progress; and it would appear plausible enough that if there be “once in seven years,” or any other definite or indefinite period, an entire renewal of the material of the human tissues, then we might suppose that for all practical purposes we have presented a newly created human being, subject to all his original susceptibilities to infectious disease.

A very brief allusion to the theory of organization, and the formative process of tissue, will show the fallacy of this view, and to my mind fully demonstrates the improbability of such an influence ever becoming lost, annulled, or "run out."

In the first traces of embryonic development, it is satisfactorily demonstrated that we have first a series of simple duplications of cell growth; next, distinct organic structures begin to unfold themselves; but with the perfect establishment of any individual or particular structure, there is no longer a tendency to a change of feature: the special *type* of structure being once determined, the formative capacity forever thereafter—*i. e.*, forever during the life of the individual—expends itself in renewing and perpetuating the structure upon its original type. So that, as the result of this law, we have in the individual man, for instance, a constant waste and destruction of every part and tissue of the system, but such a constant, unvarying renewal of these parts, that every peculiarity of the individual is kept steadily preserved—even distinguishing expressions of feature are preserved without change.

But now we further observe, as corollary to this general law of the formative capacity, that if from accident, disease, or the like, any forcible change of structure is created, while there is a *tendency* to correct this abnormal condition, yet when fairly established, then the law continues to hold; and the *changed, altered* type is then forever perpetuated, after the manner of the formation of normal structure. For illustration, every one observes that a *scar*, or such like deformity, although the particles of matter which make up its structure are in due time entirely carried away, and entirely renewed *repeatedly*—yet the peculiarities of the deformity are perpetuated.

I suppose it is the same with any altered tissue of the human organism. The type once changed, and a modified type established, then ever after the renewed particles follow the modified type.

Thus, when the system has become subjected to the influence of syphilitic virus, I presume abnormal changes occur whereby certain tissues may never be restored to their normal feature; and the present views of some of our most eminent syphilographers indicate, as is well known, that there is a degree of syphilization which sets up a new type of organism exempt from the influence of the syphilitic virus.

Now it is, as the result of this same law, that I suppose vaccine virus to produce its protecting change in the organism. I suppose that originally the type of the human blood is such that it is to a certain degree susceptible to the morbid influence of variolous poison; and with the introduction of either that poison or the vaccine virus into the blood, we have set up their peculiar morbid train of symptoms, and with this vaccine or variolous fever there is such a new arrangement or disposition of the original molecules of the blood as to constitute essentially a *new type*. Now if this altered type protects for a year from a second invasion of disease, I see no reason physiologically, just as I do not from experience, why it should not protect for a thousand years. Ever after, I doubt not, the *new type* is perpetuated upon the unvarying law established by the Creator in the beginning.

Prof. Foote, after complimenting the essayist upon his production, said that he entirely coincided in the views expressed in the paper, in regard to the physiological action of vaccinia on the organism; they were certainly philosophical, and, he thought, maintained by facts.

He had no doubt, from his own observation and experience, that the vaccine disease never lost its modifying influence upon the system. He believed when a person once became protected by it, they always remained exempt from variola. Indeed, he said, he had never heard of a well authenticated case of a person taking small pox after vaccination had been carried to an extent that the system would no longer become affected by it.

He himself once nursed a person having confluent small pox. The patient was so low with the disease, and sick so long, that he had bed sores, and required much handling. At the time, he had a scratch on one of his fingers, which he did not notice until his attention was drawn to it by its swelling and inflaming, when he knew it was poisoned with variolous matter. Swelling and soreness of the glands under the arm followed, but the disease remained local, no constitutional symptoms whatever taking place. He had no doubt, he said, but that he was in this instance protected from a successful inoculation of small pox by his vaccination in infancy.

Some persons, he remarked, from some idiosyncrasy peculiar to themselves, resist the modifying action of the vaccine virus, and

must be vaccinated again and again before they are finally brought under its influence. The same thing has its parallel in inoculation, as he has known persons that have been inoculated take variola. Such persons, he believed, would have been liable to the influence of vaccinia after their inoculation, and could have been rendered exempt from small pox by it, had it been carried to an extent of no longer making any impression.

Facts, he thought, went to show that even with variola, as well as vaccination, some persons require repeated invasions of the disease before its peculiar modifying effects are so produced as to exempt them from further attacks.

There were a class of cases, he said, he was uncertain whether they were liable to small pox or not. They were those on whom the vaccine virus would make no impression. He was acquainted with a little girl whom he had frequently endeavored to vaccinate, but had never succeeded in his efforts. He was curious to know whether or not she would be subject to variola, on exposure to it.

Dr. Wm. Judkins said that he unhesitatingly subscribed to the views of Dr. Stevens, as laid down in his paper. From his own personal experience, he was confident that the protection from small pox, derived from vaccination, was permanent; it had now been more than fifty years since he himself had been vaccinated, and, although he has been very much exposed, at times, in the practice of his profession, to its contagion, yet he had never contracted the disease. During the time he had frequently repeated the vaccination, but without effect.

The rule was, when a person had variola once, they were forever exempt from it; but there were exceptions to it, for he had himself attended to persons in their second and even third attack. Some time since he attended a man that had confluent small pox in its severest form, who had had the same disease ten years previously. As had been said, there was no exemption, in his opinion, from this disease, until the modifying effects spoken of in the paper had been produced by either previous attacks of it, or by vaccination, repeated, if necessary.

Some time since he attended a woman in labor, who was suffering with small pox at the time. He vaccinated the child immediately after its birth, but in eight days after it took the disease, and lost an eye from its effects..

Several years ago he knew of a woman attacked with small pox during pregnancy. The doctor in attendance consoled her by telling her that the child would be forever exempt from the disease. In six years after, however, the child took it. He said that this case went to show that physicians are mistaken who suppose that a child necessarily becomes protected from small pox by the mother taking the disease while it is in utero.

Dr. Taylor said that he was acquainted with a person some fifty years of age, who had been vaccinated some thirty or forty years ago. Since then he had been revaccinated not less than twenty-seven times without effect. During the time he had nursed considerably among small pox patients, without contracting the disease.

Report of Cases.

Dr. Thacker stated that some two or three months ago he was called upon to vaccinate a babe six or eight months old, that had at the bend of one of its elbows the eruptive disease commonly known as tetter. At the solicitation of the mother, who thought it might exercise a beneficial influence upon the disease, he vaccinated it in the same arm. In a few days inflammation and swelling commenced, and increased to such an extent that the whole arm, from the shoulder to the hand, became involved, and presented to the parents quite a frightful appearance. In a short time, however, by means of poultices and cooling lotions, the severity of the symptoms began declining, and in about the time occupied by a vaccination in running its course the arm was well. No effect was produced upon the tetter, although for a while it appeared to be somewhat better. At the point where the virus was introduced by the lance, there were no signs of its taking, but if any portion of the virus reached the raw surface of the eruption it was by accident.

Prof. Foote said he once saw a boy with a frightful scar upon his leg, and was told by him that it resulted from vaccination taking effect simultaneously in a pin scratch at that point, when he was vaccinated in the arm. He thought, if the story was correct, pin scratches and other abrasions, especially on the face, ought to be looked out for when vaccinating.

Dr. Stevens related a case of scarletina, which was then still under treatment, and presented some features rather interesting and unusual. The original attack was very mild, and unattended

with unpleasant or dangerous symptoms ; but with the decadence of the eruption, the patient (a lad of eight years old) took on well marked rheumatic fever, with heat, pain, and tumidity of the joints—especially the wrists, knees and ankles. As this feature of the case has become under control, there is a tendency to œdema, and as there is now some anxiety and labor in the respiratory process, especially upon lying down, he was inclined to suspect some effusion within the thoracic cavity.

Dr. Taylor said that he would relate a case that presented to him some very singular phenomena. Night before last he was called to attend a lady in confinement. After rather an easy labor, she was delivered without accident. During the day yesterday she was doing very well, with the exception of having rather severe after-pains, for which he prescribed half a grain of opium. Last night she slept very well. This morning her lochiæ were less, and she complained of pain in back and neck. During the day he was sent for to see her, as she had a fit, as he was informed. Upon visiting her, he found her almost pulseless, with cold extremities. She was, however, conscious, and informed him that while nursing the child there appeared upon its cheek what seemed a most beautiful flower ; in a few moments the whole room seemed filled with flowers. In a few seconds these sensations passed away. He prescribed some stimulants, which had the effect of bringing up her pulse and increasing the heat of her body. In two hours afterwards she was similarly affected with the same result. During this afternoon she has had some eight or ten of the *fits*. This evening, when he called to see her, he learned that a short time before she had become unconscious ; had had strong spasms, frothed at the mouth, etc. When he arrived she was regaining her consciousness ; pulse 120 ; tenderness over uterus, which she had not had during the day.

This was her eighth confinement ; in her previous ones she had never had any difficulty.

Miscellaneous Business.

On motion of Dr. Taylor, the essay of the evening was directed to be published in the *Lancet and Observer*, of this city.

On motion of the Secretary, Dr. Taylor was elected Treasurer, in place of Dr. Clendenin, now absent from the city on a tour in Europe.

On motion, adjourned.

Proceedings of the Montgomery County Medical Society. Held in Dayton, Ohio, on Thursday, July 7, 1859. J. C. REEVE, M.D., Secretary.

The society held its regular quarterly meeting in the city of Dayton, on Thursday, July 7th. Dr. Armor, the President, occupied the chair.

Dr. Carey, the regular essayist, read a paper on the "Administration of Remedies." The difficulty of adapting nauseous remedies to the palates and stomachs of patients was dwelt upon at length, and in the repugnance to medicine generally the writer saw the greatest support of the arrant humbug, Homœopathy. He thought it possible to overcome this objection to drugs in two ways : first, by exhibiting the alkaloid of most vegetable substances, the advantage of which was so happily shown in the case of quinine, as compared with bark ; and, second, by the use of medicines in the form of pills, with a coating of sugar, such as have been introduced by the Messrs. Tilden. It was suggested that all the medicines of the pharmacopœia, which can be administered in that form, should be thus prepared, each pillet to contain a minimum dose of the medicine, and that if remedies were thus used generally it would be beneficial to the profession at large, as well as convenient for the practitioner and patient.

The paper elicited remarks from most of the members present. All bore testimony to the importance of the subject, and to the beneficial character of the paper, as being practical and suggestive of thought upon improving our science. Some objections were stated to a general adoption of the plan suggested ; the writer had mentioned only the size of the sugar-coated pills now used, which he thought was much greater than necessary ; one member, as an objection, alluded to the number of patients who found it more difficult to swallow a pill than the most nauseous drug in some other form ; another thought that from the number of medicines which could not be dispensed in pills, the suggestion but partially met the evil. Dr. Reeve stated his entire lack of confidence in the quality of the medicines thus covered with sugar-coating. He thought the course pursued by the Messrs. Tilden had been such as to destroy all confidence in them ; indeed, such as to render it nearly certain that their medicines could not be

relied upon. He alluded to one fact alone—their sugar-coated pills duly labeled “Compound Cathartic Pills of the U. S. Dispensatory,” with the word “improved” in *small type* at the top of the label; and from their circular he learned that the “improvement” consisted in substituting podophyllin for calomel! He thought men guilty of such a subterfuge to sell medicines capable of adulterating them, and he looked upon the course they had pursued as a palpable attempt to foist an arrant piece of quackery upon the regular profession.

The afternoon session was opened with a paper, by Dr. Julius S. Taylor, of Carrollton, upon the diseases and meteorological characteristics of the year 1858. The following interesting account of an epidemic is an extract from the Doctor’s paper:

SPONTANEOUS SALIVATION.

During the month of April several cases of *sore mouth* were presented to me for treatment, which presented singular symptoms and excited my attention to others that appeared afterward with greater care. They were characterized by many of the most prominent appearances of salivation; indeed, I may say that in one or two adults I strongly questioned them, rather suspecting that *they* might have been taking some of the preparations of mercury, which they most positively denied at the time.

This disease attacked all ages, and in most of the cases made its first appearance on one or both tonsils, in white spots, hardness or great soreness; and from these it extended to the submaxillary and sublingual glands, indurating them in some cases greatly; after which aphthous spots would appear along the sides of the tongue and on the inner membrane of the cheeks, accompanied by a profuse flow of clear, glairy saliva, that in very many of the cases could not be distinguished from true salivation. In most of the cases the peculiar odor was also present. Some of the cases in children were accompanied with a “milliary eruption,” after the disease had existed for a day or two. Some were accompanied with fever, which in some cases was remittent, and in others intermittent; when either of these were present the skin was generally quite jaundiced.

When the disease was confined to the tonsils, it frequently was very violent, and simulated very strongly “scarlet fever;” but in

no instance did I see the peculiar tongue and eye which so strongly characterizes that disease. In some of the cases the ulcerations were not only deep and extensive, but seemed to threaten even sloughing. The number of cases that I saw was large; in some families there were five and six consecutive cases, in others only one or more.

What the real cause of this disease was, remains in obscurity, like that of all others; but of the effects there was no doubt.

All of the cases that were presented to me for observation and treatment yielded, and were treated upon general principles alone. When a case seemed to be purely *local*, it yielded to washes and light purgatives; when with fever or other symptoms, it was also combatted with appropriate remedies for those symptoms.

The special remedies used, I do not deem necessary to name, as each case presented always will suggest to the mind of the practitioner its appropriate remedy, *according to his views*.

That spontaneous salivation has been known to the profession as occurring occasionally in a sporadic form, for a long time, there can be no doubt, as many remarkable cases have been recorded; but that it has appeared as an epidemic, I do not now recollect to have seen any paper making the communication; and that it *has* not been a general disease in early times, is certain, from the fact that it is not mentioned—or at least I do not recollect it at this time—in any of the finely divided nosological arrangements of disease, by the more ancient, that I have read.

That it was *epidemic* in my practice, as above stated, there can not be a doubt. The cases were all well marked, and some of them unequivocally remarkable, one of which I will only mention: A fine, healthy girl, aged eight years, was attacked with soreness of the tonsils and slight fever, with yellow and husky skin, etc.; the submaxillary and sublingual glands next were hardened; then came the apthous spots along the sides of the tongue, and deep ulcerations on the cheeks and gums. It was a very severe case, and presented the most positive appearances of salivation, in flow of saliva, odor, etc. It began to yield to appropriate remedies and became *certainly convalescent*, so much so that I deemed it prudent for the child to start upon a journey to Springfield, Massachusetts, taking with it a few washes, etc. When the case arrived at Springfield, the friends there seeing

the case, well as it was—compared with it in its most violent stage—insisted upon an “Eastern” doctor being called to see it. He was called, and at once pronounced it “a most dangerous case of mercurial salivation, threatening sloughing unless stopped by appropriate remedies.” He prescribed “a light purgative, and to wash the mouth with a teaspoonful of *port-wine* in water,” when, lo! the disease all disappeared in a few days, and the villainous, mercurial practice of some “Western” doctor was at once set right.

Dr. Lamme, of Centreville, read from his note-book an account of an epidemic of scarlet fever, and of typhoid fever, which had occurred under his observation during the year 1858. The report was valuable, as being one of those which help to place upon record the history of epidemics as they occur from time to time, and thus serve for future reference and instruction.

Dr. Taylor then gave a synopsis of the character and type of diseases which had occurred in his practice during the first half of the present year.

The society then adjourned.

Proceedings of the Wayne County (Indiana) Medical Association.
Held July 6th, 1859. A. B. BUTLER, M.D., Rec. Secretary.

Association met at about the usual hour.

Present: Drs. Blair, Butler, Duncan, Haughton, Hibberd, Personett and West. Drs. Purviance and Thomas came in during the afternoon.

The minutes of the previous regular meeting, held in April last, being read and approved, and also those of the called meeting held April 20, 1859, the order of business was proceeded with.

The proposition of Dr. Elias Fisher for becoming a member was received and referred to the board of censors.

On motion of Dr. Hibberd, the following preamble and resolutions were adopted, viz :

Whereas, Dr. John Pritchett, at the meeting of the association in January, 1858, was presented as a man suitable for membership, and at the next succeeding meeting was duly elected and officially informed thereof, but has not

seen fit to attend any meeting since his election, nor has he signed the constitution or paid his initiation fee ; therefore—

Resolved, That the name of Dr. Pritchett be stricken from the roll of members elect of this association.

Dr. Hibberd read a paper upon the coagulability of the blood of infants, [see Dr. Hibberd's paper, page 473.] The blood experimented upon was that of the umbilical veins, and led the doctor to believe, *contrary* to what has been observed by some late pathologist, that the blood of infants is at least as fibrinous as that of adults. The association generally concurred in this view, and Dr. Fisher related the case of a child five days old, that received a cut upon the head from which it lost two or three ounces of blood ; the blood had clotted so firmly in the hair that it required part to be cut off before it could be removed.

Recess until 1 o'clock.

Afternoon.—Association met ; Dr. Personett occupied the chair until the President came in.

Dr. Duncan, essayist, being called upon, read an essay on the use of opium in inflammation.

The essayist first reviewed the therapeutical history of opium, showing its former restricted limits as a curative agent in comparison with its present extensive and still rapidly extending range ; next, the forms of disease in which it was deemed most servicable. The abdominal and pelvic viscera, when diseased, seemed, in the opinion of the writer, to be most benefitted by its use. A case of orchitis, treated principally with opium, was reported as having yielded kindly and as speedily as the same disease under other treatment. The essay concludes by an explanation of the *modus operandi* of opium in inflammation. Its controlling influence is exerted over the circulation through the medium of the nerves. By diminishing the excitability of the nerves in the parts implicated, the pain is subdued, the blood ceases to distend its vessels, resolution is effected, and the functions of the part normally performed. The essay was brief and pointed ; qualities commendable at all times, but especially so when the thermometer is in the neighborhood of 90°.

The discussion that followed the reading of the essay turned principally upon the question of what parts or organs, if any, when inflamed, do not admit of a resort to this remedy. The

and its meninges in children, were the only exceptions generally admitted by the members present, as contraindicating its use. One member asserted that he believed it, from his own experience, to be equal to any other remedy in inflammation of the brain; but when he explained that his experience had been *fatal in every case*, it was not deemed sufficiently encouraging to found favorable opinion upon.

Dr. Haughton read a paper on transfusion of blood in cases of persons dying from chronic organic disease.

Considerable discussion of a spicy character ensued upon the reading of the paper, in which Dr. Hibberd took issue with the positions assumed, both in theory and practice. Others participated in the debate to some extent; but as it is the intention of Dr. H. to submit it for insertion, we shall await its publication in full in preference to attempting a synopsis of its contents.

Dr. Butler reported a case of wound of the brain, with removal of several fragments of skull. There was loss of some brain matter, and fungus cerebri ensued. Yet, notwithstanding these unfavorable complications, the case resulted favorably; entire convalescence being established, with the exception of some paralysis of the left arm and leg.

On call for reports of standing committees on epidemics and obstetrics, the gentlemen constituting said committees were absent and no reports sent in.

Dr. Brandon was appointed committee on epidemics, and Dr. Duncan committee on obstetrics.

On motion, adjourned.

Proceedings of the Jay and Blackford County (Ind.) Medical Society. Held in Hartford City, Indiana, June 28th, 1859.

The Jay and Blackford County Medical Society convened at this place, according to previous arrangement, Dr. C. S. Arthur in the chair. Drs. N. D. Clouser and John E. Moler were elected members of the society. Drs. Horner, Meek, Lomax, Foster and Shively were elected honorary members, and were present.

Dr. J. R. Biglow made a short verbal report on the adminis-bronchial membrane in old persons and infants, and the brain

tration of quinine in fever; in which report he said "he had given it during the exacerbation of fever, without seeing any bad results from its use. Thought it was a diaphoretic, but generally gave it in conjunction with other diaphoretics. He had given it alone in fever, and thought it unnecessary to wait for a remission, where you wished to employ it as a remedy." Upon which report a spirited debate took place, in which nearly all the members engaged.

Dr. A. G. Cole read a report of two or three interesting cases of gastritis (supposed cases of milk sickness), upon which the members gave their opinion in regard to its etiology, pathology and treatment.

An interesting case of amarousis, presented by Dr. Stahl, was examined, and some other topics of minor importance were discussed.

Dr. B. B. Snow was continued lecturer for the next term. Dr. Lomax was appointed to deliver a popular lecture the evening preceding the regular meeting, in January next.

The society then ordered the Secretary to prepare a short account of the proceedings of this meeting, for publication in the *Lancet and Observer*, Cincinnati, and to return our thanks to the editors for past favors.

The society adjourned to meet in Hartford City on the 2d Tuesday of January, 1860.

M. STAHL, *Secretary*.

HARTFORD CITY, Indiana, June 28, 1859.

Editorial Translations.

1. At the meeting of the Imperial Academy of Medicine of June 2d, the report of M. Gibert, on the contagion of secondary syphilis, came up for discussion. M. Ricord, one of the committee, had refused to sign it. He demanded the floor at the previous meeting. The editor of the *Gazette Hebdomadaire*, describing the scene, says: "The Academy was full. M. Ricord was called out on all sides. He ascended the tribune, and drew a paper from his pocket; everybody was astonished. * * * He read it

with an excited tone of voice. What was it that he read? Nothing more or less than an abandonment of his doctrine on the non-transmissability of the secondary lesions of syphilis." *

RICORD'S NOTE.

Gentlemen:—In the important question which occupies us to-day, and which interests in so high a degree hygiene and legal medicine, I have sought, like every person, the truth, convinced that there is as much danger in admitting lightly the contagion of secondary accidents, as in denying it.

But little satisfied, in this double point of view, with the observations which science possesses, and not being content with the general opinion, which is not always the most correct, I had recourse, to elucidate this question, to a process of exploration which seemed to promise results more positive than those ordinarily furnished by the clinique.

The artificial inoculation examined in the point of view where Hunter has left science, and where it still remains for a great many persons, relative to the nature of accidents, reputed primitive, demonstrates to me that which is still true, that the chancre *alone* is inoculable on an individual who was already infected. For those who do not admit but a single kind of chancre—and, if I am not mistaken, the reporter, M. Gibert, is of this number—this is a truth which remains unshaken; and the laws which I have laid down for one of the varieties, the *soft chancre*, for some persons, have not submitted to any changes.

It was admitted, and is still admitted by the opponents of my school, that a first infection does not prevent another. The doctrine of *pox on pox* (*vérolé sur vérolé*) has credence in science, and is still, I believe, taught by M. Gibert; for I do not know that he admits that which I teach, viz.: *that the syphilitic diathesis does not double itself more than any other diathesis*. If then I had not

* M. Ricord prepared copies of his paper for the different journals, but afterwards withdrew them. The "Gazette Hebdomadaire" copies from "L'Union Médicale" the paper of M Ricord, but does not vouch for its being precisely the same as the original. This constitutes a very important event in science. M. Bouillaud said that the change in Ricord's opinions nearly knocked him over. We give the discussion, brief as it is, which followed the reading of Ricord's note. Those who are familiar with the discussion of the whole subject in 1852, will very readily understand the feeling existing at the late meeting.—EDS. L. AND O.

been right as to the unity of the diathesis, the secondary accidents, if they were really contagious, inoculable, ought to be able to be inoculated also on subjects already infected. The auto-inoculation, *the only method I have ever permitted myself to perform*, has remained always under my observation, as in that of a great many others, absolutely negative.

Clinical observation, in the great majority of cases, convinced me then, as to-day, that primitive venereal ulcers, regarded in a general manner, and the best determined by my clinical observations, and by the researches of my students, were the habitual, general source of the contagion, in order to reproduce themselves in their kind. (M. M. Bassereau, Clerc.) Without doubt, in a theatre as large as that in which it has been my fortune to observe, I have met with exceptions to this general rule; but then we could still find rational explanations for the most ample information. In laying down, also, in a first treatise the characteristics which appeared to belong to the secondary accidents, in regard to *their non-inoculability on the subject already infected*, I remained reserved; from which some of my disciples, and especially my antagonists, have sought to drive me.

I would have been able, however, to be more absolute, for I could have supported my opinion on negative facts, but drawing a great value from the names of the observers, and the circumstances in which they were observed—circumstances which reconcile them, as much as possible, with the conditions of the facts of experience. Such are the observations given in the memoir read in 1854 to the Society of Surgery, by my distinguished colleague M. Cullerier, and in a memoir of my excellent friend, M. Venot, chief surgeon of the St. John Hospital, of Bordeaux.

In spite of my struggle of 1852 against facts which did not appear to me probable, I will give you what I had written in 1840, in the additions and notes of the first edition of Hunter (translation of Dr. Richelot), and still more recently in the editions of 1852, and 1859, (page 789 of this last edition): “I agree entirely with Mr. Babington in his opinion; only I think that, up till the present time, we have not well determined the absolute nature of the accidents which may transmit themselves from infants to nurses, and that such an accident reputed secondary, transmissible, could very well have been primitive, as also,

in some cases, such a nurse, said to have been infected by her child, could quite well have contracted syphilis otherwise. However it may be, in the actual state of science, if the explanation still leaves a great deal to be desired, in order that all persons may be satisfied, there exists a great number of incontestable observations of syphilis transmitted from the child to the nurse, and *vice versa*."

You see, gentlemen, though I am very personal, I take care not to do anything to stop the advance of science. I demand, on the contrary, new observations, new researches, new investigations, so that we may settle definitely this point of doctrine, in order to indemnify the poor nurses, so truly were they victims, or more to condemn imposition and *chantage*, unhappily so frequent. Up to the present day I have let them act, I have let them speak, I have let them write: indifferent to some acts of injustice, to numerous slights, sometimes even to ingratitude, I observed calmly, and I awaited in silence, that we should yet agree.

Some believe to-day that we have arrived at this happy result, to which, be well convinced, gentlemen, I will be the first to applaud, for I do not know anything more easy for myself than to yield on a point of doctrine in dispute in the interest of science and humanity. I come then to the report of our honorable colleague. I was a member of the committee, and, a member bound by a reserved opposition, it has been impossible for me to accept this report without comments.

I have not to discuss here the clinical facts which are not called up, so I will occupy myself only with the experimental part, which serves as the principal ground of the report. Persons ignorant of syphilographic science and researches made since mine, could, if they believe M. Gibert, the reporter, think that all the experimenters, whose evidence he invokes, agree absolutely among themselves, and with him. Truly, there is no such thing. Let us see the ground on which some have experimented. I have said, after Hunter, that inoculation remains negative on the patient already infected. M. Waller has positively said and affirmed that the inoculation of secondary accidents produces no effect on the subject already infected, and could not succeed but on a healthy individual.

M. Rollet is also absolute, if not more so, than M. Waller him-

self. Wallace—probably in a spirit of conciliation, for it is impossible to explain his opinion scientifically—says that if the secondary accident can not be inoculated on the individual who has furnished the product, this product can, however, be inoculated on another individual already infected. Finally, Vidal, whom all the contagionists cite, and have not perhaps thought to comment, pretended, as have pretended after him M. Bouley and other observers, that the secondary accident was inoculable on the patient himself, or on another subject already infected.

What does the surgeon of the antique reply to that? In this first category of facts, where is the truth, where is the error? As to the contagion from an infected to a healthy individual, everybody appears agreed. I say *appears*, for one of my most fervent disciples, in spite of his differences, M. Diday, the distinguished surgeon of Lyons, admitting the contagion from the child to the nurse, is one of those who has combatted the best the facts of contagion of secondary accidents outside of lactation.

What must we believe? From what form of secondary accidents has the pus which has been inoculated, been taken?

It is more particularly to *plaques muqueuses, tubercules plats, condylomes plats, tubercules muqueux, pustules plats humides*, synonymous with the same form of accidents, those which ordinarily succeed the most rapidly to chancres, either upon the place, in what I have called the transformation, *in situ*, a metamorphosis easy to observe and to follow, or at a distance.

The ecthymatous form, which the primitive accident, the least contestable, may affect, has been also a source from which some have sometimes drawn. This form, every one knows, when it belongs to *soft chancre*, is always inoculable on the subject himself; but also, as experience has demonstrated to me, as also to M. Bassereau, it may sometimes be inoculated, when it belongs to indurated chancre, whatever the surgeon of the *antiquaille* (antique) may say. (See the remarkable work of Bassereau, page 207.)

What have the inoculations made by the different experimenters produced? Has this product always been the same? We must suppose that it would be as follows: *the same grain, the same fruit*. However, in this report there is still a manifest difference. Some, Vidal at their head, have produced vesico-pus-

tules, or pustules followed by ulcerations ; or ulcerations followed by papules, or papules ulcerating and covering themselves with crusts.

Other experimenters, MM. Waller, Wallace, Bouley, and our honorable reporter, affirm that they have never produced but *papules, plaques muqueuses, condylomes plats* ; accidents which M. Gibert especially considers as belonging rigorously to the class of secondary accidents ; absolutely like those to which they owe their origin, and impossible to distinguish the one from the other, from which it follows that if we observe them on a patient, on whom we neither have caused them nor seen them develope, it would be impossible to know whether they are the result of a contagion, or of an anterior infection.

I trust it will be permitted that I should observe, *en passant*, that it is very remarkable that the most distinguished practitioners, who have scarcely admitted the different varieties of chancres, and still more the different kinds, create from all a particular syphilis, which transmits itself only under the secondary form, promising thus to make disappear for the future the veritable primitive accident, the *chancre*.

Under the report of products come, as a *dernier resort*, MM. Langlebert and Rollet, who differ from me a great deal less than the reporter wishes to admit ; for, in separating from the discussion the diversities of denominations, and the different ways of diagnosing whether secondary syphilis, as I would be disposed to admit, is transmissible otherwise than by gestation and heredity, it is to chancre—to *chancre induré*—an initial symptom, obligatory, as I have always taught that it ought to produce. But does this chancre, the product of secondary contagion, differ from that one which results from the contagion of the primitive infecting chancre ? Does it possess characteristics which render its diagnosis easy to such a degree that, without knowing in advance, we may go back to the source which has produced it ? No, truly ! Is this all ?—No. Still, gentlemen, the contradictions extend to the place or point where the products of the inoculation ought to develop themselves.

Almost all our experimenters believe that the contagious result is produced at the point of inoculation ; but what do they make of the authority so much invoked by M. Waller, who, intro-

ducing syphilitic blood in the thigh of an infant, saw produced at the same time two tubercles at the inoculated point, and another on one shoulder, which he had not inoculated? What do they make of children who, having nothing in the mouth, and presenting nothing, for example, but an onyx of the large toe, or other accidents as far removed from habitual course of contagion, are accused of having communicated chancres to the nipples of their nurses? Do we see, now, whether incubation can serve for any purpose?

In the accidental or common contagion of chancre to chancre; in those that we have studied by our confrontations so numerous, made in order to elucidate the question so important of two kinds of chancres, the epoch of appearance, as every one may assure himself every day in practice—and this is, for the rest, written by M. Gibert himself—is ordinarily a great deal less long than that which has been noted in the report for the contagion of secondary accidents. But sometimes in the contagion of indurated chancre to indurated chancre, we find the epochs of appearance very slow, if we are to believe the patients; while that, in the facts of the inoculation of accidents reputed secondary, either with pus from *plaques muqueuses*, or with the pus from ecthyma, Vidal observed developments as rapid, and with more of an incubation than is observed from the pus of soft chancre.

Can the long incubation of the pus furnished by the secondary accident be then considered as a sufficient differential sign to distinguish the accidents produced from primitive accidents from those which are the product of secondary accidents? The answer is still in the negative. Thus, gentlemen, you see, and the first conclusion of the report proves it, it is always the *plaque muqueuse* which is given as the contagious accident *par excellence*, without the limits of the other contagious accidents being determined. On the other hand, there is no real value to be accorded to incubation as a differential sign.

Finally, the experimenters cannot agree among themselves on the forms of the products; from which I conclude that the report which will be addressed to the minister, in reply to his demand, should hold in the most rigorous reserve; admitting, if you please, the possibility of the contagion of secondary accidents, but without specifying anything more for the present. *Fiat lux.*

M. Gibert.—I do not understand either the aim or the end of the argument of M. Ricord. He objects that his adversaries do not agree among themselves on the forms of accidents produced by the inoculation of secondary syphilis; but what matters it really, since we have seen it produce all the varieties of secondary accidents, after inoculation? M. Ricord pretends that the incubation signifies nothing—that it is not an argument, a sufficient proof. This is well said for him who has written and taught that pox has no incubation, for him who has called the period of incubation a period of *non-observation*; but is it the same for us who admit, without hesitation, the incubation not only for the secondary accidents, but for primitive chancre? I persist, then, in the two propositions which form the basis of my report, and I declare, in addition, that the report was not written in the least spirit of personal criticism. If it has had the good fortune to convert M. Ricord to other opinions than those he has taught until the present time, no one will be astonished, for we know the motto which our colleague has placed on the title page of one of his books: “*L’homme absurde est celui qui ne change jamais*”—“He is an absurd man who never changes.”

M. Ricord.—I wish to know whether M. Gibert remembers what he has written on primitive mucous pustule? Did he not say that it must be regarded as the result of secondary contagion? that it must be preceded by an incubation of fifteen days or three weeks? Has he established in an exact manner the differential diagnosis between what he calls primitive mucous pustule and secondary mucous pustule? Can he, from the simple inspection of a secondary accident, from its physiognomy and the duration of its incubation, determine if the lesion is the result of a secondary inoculation, or of a primitive accident which will have followed its regular phases of evolution?

In the ordinary contagion of chancre, it is very frequent to observe the development of secondary accidents from the second to the third week. Now, this is precisely the time of incubation assigned by M. Gibert to the development of secondary accidents transmitted by inoculation. I demand, then, once more, if incubation is a sufficient sign to distinguish these forms, primitive or secondary—I demand, in other words, if from the nature, from the physiognomy and the age of the product, we may rigorously trace it back to its origin?

As for myself, I deny it formally. The most persevering clinical observation has never enabled me to give the proof of the transmissibility of secondary accidents. It is for this reason that I have rejected it until the present time ; but to say that it is demonstrated by the experiments which you have not feared to make, and which, for my own account, I will never dare to try, I do not wish longer to deny the possibility of this contagion. But I pretend that, especially in a medico-legal point of view, your experiments do not seem to me sufficiently exact, nor the experimenters sufficiently agreed, for you to believe yourself authorized to lay down on this subject an absolute proposition.

M. Moreau did not wish that the question should be dropped, in order to be misled into doctrinal dissertation. Of what importance are the forms of secondary syphilis and the duration of its incubation ? In order to reply to the wish of the minister, it is only necessary to know if it is transmissible, contagious. Everybody replies in the affirmative ; the minister asks nothing more.

M. Ricord.—With the mistake that *M. Moreau* makes of the forms of syphilis, and of its doctrines, we will fall back again very quick into the chaos of the middle age.

M. Gibert.—That would be better than to lay down false laws.

M. Ricord.—It is precisely against your false laws, false doctrines, that I protest here with all my power.

M. Depaul.—*M. Ricord* has said but a single word on the capital question, which is the basis of the report of *M. Gibert* ; but that word is sufficient : he admits the transmissibility of secondary accidents. We do not ask from him anything else. I am only surprised that our colleague refused to sign the report.

M. Gibert.—In the language of *M. Ricord*, a reproach has been thrown on the temerity of our experiments. I am the first to condemn, in a general way, the inoculations practised on a healthy man ; but, in this circumstance, they were imposed on us in some sort by the obstinacy of our adversaries, who entrench themselves behind the insufficiency of clinical facts, not wishing to admit as *criterium*, but direct experiment. For this time, I believe them sufficiently justified by the importance of the results obtained. But now that the question is settled, I would not at any price repeat them ; for I believe I would commit a bad act.

M. Velpeau.—I am glad to observe that we all have a tendency

to understand ourselves on a question which for a long time has divided us. To-day the contagion of the secondary accidents is admitted by every one—by M. Ricord himself, who, in 1852, declared that he waited for proofs sufficiently manifest to believe it. I felicitate him, then, sincerely with having accepted the opinion generally adopted to-day. But in separating the question of doctrine, on which we have sufficiently spoken some years since, I ask what may be the end of questions addressed to the Academy by the minister? What matters it to the authorities what we think of the contagion of secondary accidents? This is a question purely scientific, and I do not see very clearly the necessity of making it the object of an official communication to the authorities.

M. Gibert.—The minister has believed it to be his duty to interrogate the Academy on this subject, for the benefit of public hygiene and legal medicine.

M. Devergie.—In a case, all discussion on a point of doctrine becomes idle and sterile. The magistrates demand of the physicians expert the attestation of fact, without preëccupying himself with theoretic questions.

M. Gibert.—Theories, however, are not without influence on the decisions of the medical legalist. Have we not seen, in a recent case, that M. Ricord made a report, the conclusions of which were very different from those of other experts?

The President asked M. Gibert to read the conclusions of his report.

M. Gibert—reading: “There are secondary or constitutional accidents of syphilis manifestly contagious”—

M. Ricord—interrupting: There are then those which are not contagious? Can you tell us which? Do you know them?

M. Barth moved that the vote on the conclusions might be adjourned in view of the importance of the question.

M. Bowillaud seconded the motion of M. Barth. That which is passing before us to-day is a veritable event, and I almost fall over on account of it. What will the school of M. Ricord say in learning that he adopts, almost without discussion, the doctrine of the transmissibility of secondary accidents, which he has combatted for such a long time? I am of the opinion that the Academy should not be too precipitate in a question of this importance.

M. Gibert.—Gentlemen, let us exhibit prudence in our deliberations, but no weakness. It is now three hundred years since these questions have been agitated, matured and resolved. Some demand time to reflect; for what good? I oppose formally the adjournment.

M. Ricord.—I protest against the assertion of M. Gibert. Science, far from remaining immutable for three centuries, has marched with the step of a giant. I add, in reply to M. Bouillaud, that, if I have made a long opposition to the doctrine of the contagion of secondary accidents, it is that his partisans were not agreed among themselves, and that they did not sustain themselves but on clinical observations very contestable. They have made since, direct inoculations, and I have believed it due to admit the results which they have announced. However, before adopting without reserve the opinion which these experiments seem to authorize, I will wait, that I may be able to see with my own eyes, and not with those of M. Gibert.

—Finally, the two propositions which we gave in our last number were put to vote (the Academy refusing to adjourn), and were adopted.—*Gazette Hemdomadaire.*

Correspondence.

Boston, July 7, 1859.

MESSRS. EDITORS:—At the late annual meeting of our State Medical Society, papers were presented upon the following subjects: 1. On hæmoptysis; 2. A case of hermaphroditism, and a case of excision of the knee joint; 3. A report on zymotic diseases, from one of the district societies; 4. On the condition of the State registration; and 5. On *veratrum viride*. The first three were the only ones read, for the want of time. These were deeply interesting, and, with the others, will be published.

There was only one essay announced, and that was thought worthy of a prize. Dr. D. D. Slade, of Boston, was the recipient. Subject: "To what affections of the lungs does bronchitis give origin?"

The annual address was given by Dr. Timothy Childs, of Pitts-

field, upon the rise, progress and present position of medical science. It was an able, terse and comprehensive discourse, with a genial vein of pleasantry pervading it, leaving the listeners (at the close) to wish for more "of the same sort."

About five hundred of the fellows partook of a good substantial dinner, where speeches, sentiments, etc., ruled the fleeting hours, "and all went merry as a marriage bell." I have not space to give you even an abstract of what was said, but will only send you a short complimentary poem to Dr. James Jackson, by Dr. O. W. Holmes :

THE GRAY CHIEF.

'Tis sweet to fight our battles o'er,
And crown with honest praise
The gray old chief, who strikes no more
The blow of better days.

Before the true and trusted sage
With willing hearts we bend,
When years have touch'd with hallowing age
Our Master, Guide and Friend.

For all his manhood's labor past,
For love and faith long tried,
His age is honored to the last,
Though strength and will have died.

But when, untamed by toil and strife,
Full in our front he stands,
The torch of light, the shield of life
Still lifted in his hands,

No temple, though its walls resound
With bursts of ringing cheers,
Can hold the honors that resound
His manhood's twice-told years!

An interesting lecture on "physical culture" was given, very recently, in this city, by Dr. George B. Windship, of Roxbury. He illustrated, by some practical tests, the effects of this kind of culture upon his own person. The Doctor is of medium size, weighing 143 pounds—is five feet and seven inches high, and is twenty-five years of age. He commenced his gymnastic exercises when in college, at the age of seventeen, and still continues them daily. He sports with his dumb-bells, each weighing from 100 to 140 pounds, with perfect freedom. They are so arranged that

they can be increased to 250 pounds each. A barrel of flour is shouldered with as much *apparent* ease and grace as a young mother embraces her first-born infant "darling." But his greatest feat is in lifting. Before commencing his lecture he lifted, without apparent effort, 827 pounds twelve inches from the floor, when another weight was added, making *nine hundred and twenty-nine pounds*, which he lifted several inches. This, he stated, was 129 pounds more than was ever recorded to have been lifted, without artificial assistance. Where are the giants of olden time? They must look after their laurels.

The lecture was replete with facts, showing the importance of air and exercise upon the economy, and the evils resulting from their neglect. Physical culture was not exalted above, or put on a level with moral or intellectual culture, except so far as it conduced to them, and to the happiness of man. From a report of his lecture I quote the following :

"Lifting is his specialty. After being acknowledged an expert in all the exercises of a gymnasium, he turned his attention to lifting, commencing with five hundred pounds, and gradually increasing until the 12th day of last month, when he lifted 927 pounds, the highest point he has reached. He thinks it is the best exercise for solidifying the frame and giving 'main strength;' but while recommending its moderate use, he advises people to limit themselves to five hundred pounds. He goes beyond it out of curiosity, not for his health !

"He explained what relative outlays of strength were necessary in the different ways of lifting, such as by the hands alone, with the aid of the back, and by variously constructed straps and machines. He says that, after diligent inquiry, he has been unable to find a single authenticated instance of a man lifting as much as he does in the same way—*i. e.*, with his hands alone connected with the weight. He gave his opinion upon the various kinds of gymnastic exercises, and said that he believed the most simple and concentrated forms were the most effectual. The time which he spends in robust exercise, he said, does not average over half an hour each day.

"In speaking in a general way of the benefits of physical culture, the lecturer treated with a burst of honest scorn that class of young gentlemen who pride themselves on white hands, and

avoid exercise for fear of increasing the size of their gloves. He compared them to the compressed feet of the Chinese women, and said that while the latter was acknowledged as detestable, the former would not be taken by men who admired the models of Apollo and of Venus de Medici, as a guaranty of *brains*, or even of gentle blood. Finally, the lecturer spoke in glowing terms of the advantages and capacities of the youth of America."

To acquire such Herculean strength needs patience, perseverance, and a hearty good will ; with these prerequisites, and more of the Grecian system of education mingled with our own, the youth of our country would exhibit better developed motor powers, and more active and vigorous minds, to harmonize with their physical developments.

Gymnastics, as a means of preventive and cure of disease, in some of its forms, are of incalculable value ; especially are they so in preparing and preserving the body to withstand the causes of disease operating upon the economy.

Yesterday my eye fell upon the following paragraph, from a letter of a physician of this State, to a local paper. I give it for what it is worth. He says :

"I mean the suspending of the body by the hands, by means of a strong rope or chain, fastened to a beam at one end, and at the other a stick three feet long, convenient to grasp with the hands. The rope should be fastened to the centre of the stick, which should hang six or eight inches above the head. Let a person grasp this stick, with the hands two or three feet apart, and swing very moderately, at first—perhaps only bear the weight, if very weak—and gradually increase, as the muscles gain strength from the exercise, until it may be freely used from three to five times daily. The connection of the arms with the body (with the exception of the clavicle with the sternum or breast bone) being a muscular attachment to the ribs, the effect of this exercise is to elevate the ribs and enlarge the chest ; and as nature allows no vacuum, the lungs expand to fill the cavity, increasing the volume of air—the natural purifier of blood—and preventing congestion or the deposit of tuberculous matter. I have prescribed the above for all cases of hæmorrhage of the lungs and threatened consumption for thirty-five years, and have been able to increase the measure of the chest from two to four inches

within a few months, and always with good results. But especially as a preventive, I would recommend this exercise."

Ground has already been broken at Cambridge for the Museum of Comparative Zoology; and at a recent meeting of the trustees, Dr. Jacob Bigelow, from the building committee, submitted a plan of the building. Only one wing will be erected at present. I visited, a few days since, the old museum, containing the collection of Prof. Agassiz. It is astonishing that so many specimens should be collected through the efforts of one man.

A very clever book of about 450 pages, upon gonorrhœa and syphilis, has just made its appearance, from the pen of Dr. S. Durkee. From a hasty examination, I should judge it will take a high rank as an American production.

Variola is quite prevalent among us. When will the people learn to be vaccinated? A compulsory law should be enforced in every State in the Union; and all foreigners should be subjected to an examination, when they arrive on our shores; and if not found vaccinated, they should be at once. Then would the diffusion of this disease be prevented.

B.

JONESVILLE, INDIANA, June 22, 1859.

DR. MURPHY.—*Dear Sir*:—Allow me to give you some report of the condition of the profession in this portion of Indiana. How different the motives which influence the majority of physicians *here*, from what the student imbibes from the noble old college! Here I defy you to draw the line which separates the quack from the scientific man. Doctors change their practice as often as self-interest dictates. Here we have a fanatical Eclectic just from the hot beds of Eclecticism, turning a complete summerset in a few weeks, and coming out a regular of the old school. And why, forsooth? Because he finds the field already occupied by one of his own creed. He is a fair specimen of that tribe in this region of country. But the most humiliating part of the matter is, that there are physicians who claim to be scientific who will counsel with such a one. Then, again, we have the vilest of all things in the profession, the underbidding of the regular fees, by this class of unprincipled quacks, who hope to force their services upon the community, not on account of any skill

Editor's Table.

The Fortieth Session of the Medical College of Ohio, 1859-60.

We take great pleasure in calling attention to the announcement of this school for its next session. It is the oldest school in the West, and has a host of friends and graduates scattered over the great valley, and, indeed, in all parts of the country. The prospects of the school were never better. Some changes have taken place since the last session. Prof. T. Wood having resigned, the trustees thought best to abolish the chair, and in its stead have instituted two new ones, viz: that of clinical medicine, and that of the diseases of women and children. Of the importance and necessity of these every one is convinced. The profession demands at the present time that the clinical advantages shall be equal in importance to those of any other chair. In this respect the Medical College of Ohio will be equal with any other school, and superior to several we know of. Prof. James Graham has been transferred to this new chair, and will, we feel sure, give a good course of lectures at the bed-side and in the lecture-room of the Commercial Hospital. Dr. B. F. Richardson has been appointed to the new chair of diseases of women and children. Dr. R. has lectured for several years on obstetrics and the diseases of women and children, and is well qualified for the place.

The only school, excepting the Medical College of Ohio, which has a special professorship of the diseases of women and children, is the New Orleans School of Medicine and Surgery. Every one who has ever attended a course of lectures, will remember that very little attention was given to this specialty, for the want of time; and every practitioner will remember the great difficulties he labored under when he first came to treat these two interesting classes of patients, for the want of instruction. The faculty and trustees, therefore, have provided a special teacher of these diseases.

The school, therefore, honestly holds out excellent advantages to the student. The wards of the Commercial Hospital will be visited every morning at 8 A. M., by the professors of surgery

and clinical medicine, where the patients will be examined and a lecture given. On Wednesday and Saturday regular clinical lectures will be given, in addition to the usual surgical operations. A clinical lecture will also be given in the college three times a week, on the patients who apply to the dispensary of the school.

We may also state that we have been informed that the medical and surgical staff of St. John's Hotel for Invalids intend to give a clinical course in that hospital, which will be free to the students of the school.

The City Council is now taking measures to build a new and commodious hospital, in every way to be suited to clinical purposes, as well as the advantage and comfort of the patients.

The faculty is determined to give a full course of lectures, and endeavor to make good practitioners of all students who may attend.

Dr. Clendenin.—Dr. Wm. Clendenin, the popular Demonstrator of Anatomy in the Medical College of Ohio, has sailed for Europe, where he will remain eighteen months or two years in professional pursuits—especially devoting himself to the prosecution of anatomical and surgical studies. The faculty of the Ohio school have made such temporary provision for supplying his place as will ensure the usual facilities for the pursuit of practical anatomy.

The University of Louisville—Drs. Yandell.—We refer our readers to the announcement of this old and well known medical school. It will be seen that some changes have been made in the faculty of this institution, as well as at other places. Prof. Lunsford P. Yandell withdraws from the University, owing to his contemplated removal from Louisville to Memphis. This loss will be regretted by the friends of the school. It is to be inferred, from an article in the *Medical News*, that the ability and energy of Dr. Yandell will hereafter be expended in an effort to give new vitality to the medical school at Memphis. Dr. D. W. Yandell is appointed to a chair in the University, though not to fill the vacancy of the elder Yandell; but a modification of the faculty is made to meet this emergency. Such as know the personal at-

tractions and worth of Dr. D. W. Yandell will be gratified to see his appointment, and will anticipate for him an honorable and successful career.

Ohio State Medical Society.—We have received, through the courtesy of the Secretary, Dr. W. W. Dawson, a list of all the committees appointed at the State Medical Society who have duties extending up to the meeting in 1860, and below will be found the list in full. By resolution, the society meets next year at White Sulphur Springs, on the second Monday in June.

STANDING COMMITTEES.—*Executive.*—G. E. Eels, W. W. Dawson, W. L. McMillan, R. Hills, R. Thompson.

Medical Societies.—G. F. Mitchel, William Judkins, T. J. Mullen, Washington Moorehead, D. B. Woods.

Publication.—S. Loving, W. W. Dawson, A. Metz, R. Gundry, J. B. Thompson.

Finance.—R. N. Barr, T. M. Cook, Fred. C. Applegate, H. M. McAbee, E. B. Stevens.

Ethics.—R. R. McMeens, B. B. Leonard, W. M. Prentiss, R. Rogers, J. G. Kyle.

Admissions.—J. Pomerene, G. F. Mitchell, G. E. Eels, Lewis Slusser, R. L. Sweney.

SPECIAL COMMITTEES.—*Surgery.*—A. H. Baker, T. Garlick, A. Carey.

Obstetrics.—M. B. Wright, J. H. Rodgers, S. P. Hunt.

Library.—J. W. Hamilton, J. Helmick, J. C. Thompson.

Amendments to Registration Law.—J. Dawson, S. M. Smith, J. L. Vattier.

Anæsthetics.—S. Loving.

Medical Literature.—E. B. Stevens, H. J. Donahoe, I. L. Drake.

Obituaries.—C. P. Landon, C. C. Hildreth, J. V. Schertzer.

Cannabis Indica.—R. R. McMeens, W. P. Kincaid, C. P. Landon.

Urinary Diseases.—W. J. Scott, R. G. McLean, E. Sinnet.

Uterine Diseases.—S. M. Smith.

Practice.—W. J. Scott, J. B. Potter, M. Thompson.

Prize Essays.—S. G. Armor, C. McDermot, W. H. Lamme.

Ovarian Disease.—J. W. Hamilton, W. H. Mussey, G. V. Dorsey.

Diseases of the Eye.—A. Metz.

New Remedies.—J. J. Delamater.

Typhoid Fever.—J. Pomerene.

Delegates to Pharmaceutical Association.—M. B. Wright, R. Thompson, J. Harman.

Delegate to Indiana State Medical Society.—E. B. Stevens.

Delegate to Kentucky State Medical Society.—J. D. Robison.

To Subscribers—Our Bills.—We have now sent out bills to all our unpaid list, including old arrearages. It is quite possible we may have made mistakes in this matter—sending out a large number of bills and receipts together, we may sometimes have

sent bills where receipts should have been, and such like errors ; but if so in any instance, we suppose it is scarcely necessary to say that all such will be corrected with pleasure. We desire to take this opportunity to express our acknowledgements for the general promptness with which subscribers have made their remittances for this year ; and in order to finish up the volume without embarrassment, and prepare the way for continued improvement in this journal, we most respectfully solicit those still in arrears to remit at once. Correspondents will do a favor by notifying us when we are sending the journal to dead, removed or worthless persons ; we can make no reliance on postmasters in this respect.

The London Lancet Again.—

NEW YORK, July 18, 1859.

SIR :—That notice of my reprint in your July issue is a very ill-natured one. You are freer in your assertions than facts warrant.

I have been sole proprietor of the reprint for thirteen years. My paper is uniformly the same in make and cost for the last eight years ; moreover, it is better than yours. It is true, the press-work is not of the best ; but that is the fault of the size of the page—the most serious thing attending a work of this size.

In regard to advertisements : if the strict line and plummet you dictate were applied, nine-tenths of all journals, native and foreign—and not excluding the original London copy of the LANCET,—would be under the ban.

I can not but observe in the article a splenetic jealousy of the successful merits of the LANCET. From the guise in which it is clothed, I look upon it as displaying that sort of zeal which is the offspring of envy.

Yours respectfully,

JAS. HERALD,

Proprietor Reprint London LANCET.

Editor Cincinnati LANCET AND OBSERVER.

REMARKS.—We give Mr. Herald, the proprietor of the American reprint of the *London Lancet*, the benefit of the foregoing note received from him just as we were going to press. So far as an exhibition of the splenetic is concerned, we are now surely at least even. If we have misrepresented the quality of the material used in the reprint we are ready to retract. But so far as the general issue is made of unhealthy advertisements, it will be seen that Mr. Herald does not take very high ground. It is doubtless true that improper advertisements find their way, through inadvertence and otherwise, into many very respectable journals ; our own publication has occasionally been liable to reproof in this respect, but we are ourselves the first to feel a regret, and take the earliest opportunity to correct any such evil. But Mr. Herald simply

pleads custom, falls back on his dignity, the example of the *original London Lancet*, and his *unprecedented success*.

As to the petty charge of envy, which Mr. H. so smartly parades as a shield for any shortcoming of his own, it is about as probable as a fear of the original *London Lancet*—or *Braithwaite's Retrospect*. We have ever taken considerable pains to extend, by an arrangement for clubs, the circulation of *all the reprints* amongst our own special patrons. Mr. Herald is not in our way at all. We hope, indeed, that there is still magnanimity enough, at any rate in the West, to rejoice in the abundant success of whatever pertains to the general professional welfare.

The Cleveland Medical Gazette.—Is a new candidate for patronage, the first number of which has reached our office. It is edited by Prof. Gustave C. E. Weber, of the Cleveland Medical College, whose high professional position and attainments are such as to ensure its high toned character. It is a monthly with thirty-two pages, at one dollar per annum. We cordially welcome its appearance, and hope its career may be more fortunate and its days more long in the land than many which we have had to chronicle of late.

Shelby Medical College.—Dr. Richard O. Curry finds it inexpedient to remove to Nashville, and has resigned his position as Professor of Chemistry in the Shelby Medical College. Dr. Henry Erni is elected to fill the vacancy thus created. Withdrawing from the school, Dr. Curry also withdraws from the *Nashville Monthly Record*, Drs. Callender and Maddin being now associated with Dr. Wright in the management of that journal.

North American Medical Reporter.—We have received No. 2 of this new quarterly Journal, established by Dr. Wm. Elmer, of New York. This is quite an improvement, and indicates a large amount of editorial labor in its arrangement. Dr. Louis Elsberg has become associated with Dr. Elmer in the editorial control.

To Correspondents.—If Dr. M. H. VAN MATRE will send us his post office address, we will take great pleasure in complying with his request. The address is given neither in the letter nor on the envelope.

A Hospital at Honolulu, Sandwich Islands.—The Legislature have appropriated \$5,000 towards the establishment of a hospital at Honolulu. King Kamehameha had started out himself with a subscription list, and had, when last heard from, received subscriptions in Honolulu alone to the amount of \$15,000. He was going to visit the other islands also in person, for subscription to the same object.

—M. Larrey, chief surgeon of the French army in Italy, had a horse killed under him at the battle of Solferino.

—Dr. Austin Flint, Jr., has been appointed to the chair of physiology and microscopy in the New York Medical College. He holds the same chair in the Buffalo Medical College.

—M. Becquerel and others have employed electricity in six cases with complete success, where the milk had been suppressed, as an exciter of the mammary secretion.

—Dr. S. D. Gross, professor of surgery in the Jefferson Medical College, has been elected to the surgical department of the Howard Hospital, to fill the vacancy caused by the resignation of Dr. R. L. Madison. The duties of this position are divided between Dr. D. D. Clark and Dr. Gross.

—Dr. Robert Thompson, of Columbus, was appointed, at the last meeting of the American Medical Association, to report on milk sickness. He is desirous of information from every available source, for which due acknowledgement will be given, in his report. His address is Columbus, Ohio.

—M. Follin is the first surgeon in Paris who has performed the operation for the cure of vesico-vaginal fistula according to Dr. Bozeman's method. He operated at Hospital Necker with perfect success. Although Dr. Bozeman operated on a patient, in Robert's ward, in Hotel Dieu, in which M. Robert had failed, yet no one has thought enough of the operation to perform it, until M. Follin did so. The fistula in Follin's case was a very large one.

*** A large amount of original matter on hand in the shape of *original papers, transactions of societies* and the like, seem to create a necessity for crowding out our usual amount of editorial and eclectic matter.

Editorial Abstracts and Selections.

1. *Anodyne Liniment in Otitis*.—M. Trousseau recommends a mixture of the alcoholic extract of belladonna in water, with glycerine; a cotton ball, soaked in the mixture, to be placed in the external auditory canal.

2. *Monsel's Salt*.—The editors of the *Pacific Medical and Surgical Journal* in the March number correct the editors of the *New York Journal of Medicine* for calling Monsel's salt "a persulphate of iron." They say, "as we gave it its title, we shall claim the privilege of making the following correction: It is known as 'Monsel's salt;' the agent is not a 'persulphate' of iron, and if Mr. Squibb will look at the formula he will find it a hypersulphate of the sesqui-oxide of iron; $5 \text{ SO}^3 \text{ 2 Fe O}^3$. We will also add that, to obtain its full hæmostatic powers, it should not be used in solution, for in that form its principal power is lost, as a hæmostatic. The dry salt containing one equivalent of water is the most active form for this purpose."

3. *Chloroform*.—M. Baudens, in his account of the campaign in the East, asserts that, although chloroform had been employed 30,000 times in the French army there, no fatal accident had ever resulted from its use. Dr. Rizet, of the Chasseurs, denies this. Two deaths occurred under his own observation: one at the Hospital Ramitchifflick, and another at Gulhane. This denial clearly takes away all value from M. Bauden's statement.—*Med. Times and Gazette*.

4. *Voluntary Influence upon the Pulse*.—The case of M. Groux with a congenital division of the sternum, associated with a variation in the motion of the heart, under changes of position in the two portions of the divided sternum, which has been investigated with so much ingenuity, perseverance and success by Dr. J. B. Upham, of this city, has brought to my mind two examples of voluntary influence upon the pulse, which fell under my observation many years ago.

One was that of a student in medicine, who was exhibited to

the medical class, during a regular lecture term, at Dartmouth College, N. H. By a voluntary effort he could lessen the frequency of the pulse, until in a few moments the heart became quiet, and no pulsation could be perceived anywhere. He could thus suspend the pulse in the horizontal or erect position. He was standing with his arms hanging by his side when the exhibition was made to the class. There was nothing abnormal either in the form of the chest, or in the position of the heart. I exhorted the young man not to trifle with this faculty by making its exhibition a very common thing; for that working organ, placed at the fountain of life, if unceremoniously interfered with in its daily duties, might retaliate by not beating any more. I have not kept track of this gentleman, and whether he is dead or alive, I know not.

The other case was that of a young lady, at a distance from my residence, of 27 to 30 years of age, who was somewhat dyspeptic, and at times a little nervous withal. She informed me that she had recently consulted a young physician, who, on feeling her pulse, promptly decided that she must be bled. As she did not relish the prescription, she requested him to examine her pulse with particular care, as she had understood that it varied very much at different times. He applied his fingers again to the wrist, while she directed her volitions to the heart. His pathological reasonings were soon confounded by a slow and soft pulse. What he should do, he did not know. He did not dare to bleed, and as he had thought that bleeding must be preliminary to the administration of certain medicines, his entire plan of treatment was demolished, and he at length came to the conclusion to do nothing; a course which can be earnestly recommended to every physician, while he is undecided what to do. Thus the patient got the upper hand of her doctor, and came off probably as well, or better, than if blood had been drawn. During my stay, I repeatedly tested her power of voluntarily softening her pulse, and rendering it slow. I did not learn from her that she had ever suspended the pulse altogether. I never saw her afterward.—R. D. MUSSEY, in *Boston Medical and Surgical Journal*.

Humboldt's Library.—Mr. Wright, American Ambassador at the Court of Berlin, has offered 50,000 thalers for the library left by Alexander Von Humboldt.

THE
CINCINNATI LANCET AND OBSERVER.

CONDUCTED BY

E. B. STEVENS, M.D., AND JOHN A. MURPHY, M.D.

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No. 9.

Original Communications.

ARTICLE I.—*Sudden Deaths in the Puerperal State attributable to Dynamic Lesions of the Nervous Centres.* By R. E. HAUGHTON, M.D., Richmond, Indiana.

[Concluded from the August number.]

In the former paper on this subject we considered that deaths in the puerperal state were produced by syncope, by pain, and by moral emotions. We considered the influence of syncope, and reported a case believed to have died suddenly in the syncopal state. We have next to consider the influence of pain in the puerperal state, and the indications presented by such pain to the practitioner for relief to his patient.

It is a physiological truth that the law of cell growth, development and decay, producing such change and disintegration in the structures as lead to the normal discharge of function, is a law of uterine action; and that it is the result of the action of this law which induces labor at full term, with which is often so much of suffering, so much fear, and ending sometimes in death. Pain of any kind is the result of a morbid impression made upon the trunk or extremities of the sensory nerves, and this impression conveyed to the nervous centres, which receive and recognize it; and this influence of pain made upon the nervous system is exhausting, and prostration, and even death, may result from a prolonged impression of pain.

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How is death produced by the suffering of pain? Is it by exhaustion of the nerve centres, or is it by the sudden shock which may be given to a delicate and very susceptible nervous system? The sum total of nerve power, or biotic force, is very different in different individuals; and observation proves to us that pain which is agony to one individual, is barely endured by another. We see in those cases of severe labor pain, where the patient, in good health previously, but possessing a highly exalted and sensitive nervous system, thrown into convulsions which may continue as long as the pain continues, and be repeated when there seems to be no consciousness to suffer; yet we see, when the intermittent pain is returning, the convulsive action returning, and if consciousness and reason had returned, the return of pain produces violent suffering, spasmodic muscular action, and we have one of those frightful puerperal convulsions, the terror of the lying-in room. This is the result often of pain, and when the convulsive action is repeated, as I have several times seen it, not only once, but a dozen times, the circulation is hurried, the heart's action tumultuous,—and here we have another cause of convulsive action set up, and the brain, which was suffering from merely pain, is now suffering from the action of two causes, one being dependent upon the other, yet in their tendencies destructive to the life of the patient so suffering. If pain is not suddenly fatal, the tendencies, if continued, are strongly so, and should be mitigated as early as possible when found to be deranging the ordinary process and completion of labor.

Again, to illustrate more fully: A person is suddenly injured in some manner in which pain of the most severe character is inflicted. He retains all his consciousness, yet the nervous system has received a powerful shock, and upon going to such patient, we find him pulseless, pale, breathing heavily, and in a state of extreme collapse. He is dying from pain, and in some cases, where nerves and vessels are extensively injured, the use of most active stimulants will hardly be sufficient to restore the loss of function to the nervous system and rally him from his collapsed condition. I saw such a case once, and a fatal result followed the injury. In this case, though life was prolonged some forty-eight hours, the patient never rallied fully from the first shock, and tetanus wound up the scene of life. Will anybody doubt that in

such cases the nervous system receives the full force of the pain, and finally succumbs to its power?

Again: In those cases which, during labor and after, manifest delirium and mania, we have, I have no doubt, an evidence of the powerful impression of pain made upon sensitive, nervous systems. And in one single case of mania which I saw, the patient had a very severe and protracted labor, having previously passed through several labors with no accident or unpleasant result. The patient recovered, after a long illness. Who has not seen, in any case of protracted labor, after many hours of unavailing effort, pains relax in power, the pulse grow feeble, the countenance pale and haggard, and with these symptoms know that exhaustion is approaching, and yet delivery not accomplished. Never, in my hands, will I stand by and see a case reach that condition, or an approach to it, without offering the necessary relief. Yet I have seen it in the hands of others, and after all this was induced, and the patient for hours without any pain to indicate that labor was to be accomplished, yet fail to offer relief. In this case, after such exhaustion, convulsions followed, which for many hours threatened to destroy the patient.

How sweet to a woman who has suffered the pangs of labor, when it is safely completed, and a few moments or hours of repose are granted to her! How often, too, when enduring the pain of labor, the oft-repeated remark, "I shall die!"—indicating that to them pain is a terror; and often the nervous system becomes so severely wrought upon that pain is agony, and many instances are on record where death occurred at a time when everything seemed favorable. The effort, then, of the medical man should be to infuse courage and confidence, and, when labor is protracted beyond a proper time, to use such artificial means as will complete it, and avoid those disasters which follow protracted labors.

I am not one of those who would rashly resort to artificial means for the completion of labor; but, after we become fully satisfied that labor can not or will not be completed by the natural forces, why wait longer? I have adopted a rule, which is given by some authority, that no labor should be allowed to remain uncompleted more than six hours, where there has been no actual progress in that time. In such cases, the protracted effort without progress exhausts the nervous system, and the woman may be

rapidly approaching some serious or fatal accident. All the necessary conditions being present, artificial labor, properly accomplished, would save many lives which are sacrificed in waiting to allow nature to accomplish more. In one case I recollect being asked by a physician to wait longer, and then there had been no advance for six hours, and the suffering was becoming exhausting. After labor was completed, we saw that the natural powers never could have accomplished it, and the woman might have been left to accomplish her labor or die in the effort.

It has been said, meddlesome midwifery is bad ; but how great is the error to err upon the other side, and leave the patient the victim of harassing fears and torturing pain, when labor may be easily accomplished by properly directed means, and thus save hours of unavailing suffering. Nature will most generally accomplish the labor where position and presentation are correct ; but if a contracted strait, or distorted pelvis present an obstacle, the uterus may wear out its power, and will not be able to effect delivery,—and then, exhausted, it ceases to contract, and the woman may die undelivered. If able to accomplish it, I would never allow a woman to die undelivered ; though she might die so suddenly that it could not be prevented by any means in our power. And I always feel how weighty the responsibility resting upon the accoucher. Human life is in his hands, and sometimes he is as utterly powerless to accomplish anything as those who do not know the dangers and difficulties which may follow. A friend of mine, in a neighboring town, was called to a lady in labor. He attended. She was well apparently, cheerful, and happy ; labor was progressing, everything natural. She ceased to speak, turned pale, and was dead. She died in a moment, almost ; and before he could speak to her, she was gone—her spirit fled. That house was turned into mourning. Pain, or some moral impression, must have occasioned her death. Nothing can be done ; the physician is powerless—he sees his patient in death, and sees no cause which should so suddenly occasion it.

These reflections are induced by some sad experience, and I know not how we can profit by the experience of the past. We may theorize, and yet not know why our patients are thus overtaken in death.

In all such cases, let the scalpel reveal all it can.

ART. II.—*Severe, yet Nonpropulsive Pains in the Parturient Process, and their Appropriate Treatment.* By O. C. GIBBS, M.D., Frewsburg, Chautauque Co., N. Y.

In the April number of the *Lancet and Observer*, Dr. C. A. Logan publishes a paper upon the use of opium in the inefficient and yet almost unbearable pains, which so often occur to harass and discourage the parturient female and annoy her medical attendant. That paper is able and suggestive, and perhaps should render unnecessary the present communication; but however judicious the use of opium in many such cases, it is not in every case of prolonged first stage that this remedy is indicated, or will prove successful.

Neuralgic Pains.—There is a variety of labors, prolonged and tedious in their first stage, in which the pains are seemingly severe, and yet nearly or wholly inoperative, so far as the parturient process is concerned. The os is soft and dilatable, and yet the membranes are but little, or not at all tensified by the pains. In such cases it seems to us that the pains are neuralgic, and nearly, and in some cases entirely, independent of uterine muscular contraction. Such pains are quite irregular, both in duration and in intervals, and sometimes quite persistent. In such cases opium is the remedy. Under its action the neuralgic pains will subside, and frequently regular uterine contractions commence immediately, rapidly hastening labor to its completion, to the no small satisfaction of all concerned. We have frequently seen patients who had thus suffered for two or three days, perhaps at the seventh or eighth month, with the idea that she was mistaken in her calculations, or that she was about to be confined prematurely. Such cases are appropriately treated with opium, under the judicious administration of which the pains will subside and the patient pass comfortably to the normal termination of the gestative period; at which time the labor is frequently uncomplicated with the neuralgic pains that were formerly so troublesome. I need not say that in cases where neuralgic pains have deluded the patient into the idea that labor has commenced prior to the termination of the ninth month, after quieting with opium, no efforts should be made to bring on uterine contractions with ergot. However anxious the prospective mother, after

inviting her female friends and medical adviser, may be to "get through," when comfort is restored in those premature cases the patient should be left entirely to nature. In cases of neuralgic pains, occurring at maturity, after quieting them as above, if regular pains are indisposed to occur, the pelvis is of good size, the os soft and well dilated or easily dilatable, and the patient is far from our residence, we do not hesitate to give ergot, and we have never seen occasion to regret it, nor have we ever been dissatisfied with the results. Ergot should, in such cases, be given in small and repeated doses, if need be, until the desired result is obtained. In cases of severe neuralgic pains, seemingly unconnected with uterine contractions, in which, from some peculiarity, the patient can not bear opium, we have frequently given chloroform in small quantities, by inhalation, and always with the result of putting an end to the neuralgic, troublesome and useless pains.

Uterine Congestion and Nervous Irritation.—There is a variety of inefficient pains, protracting the first stage of labor, in which the neck of the womb and the vaginal canal, perhaps, are hot, dry, and extremely sensitive to touch of the finger. In such cases the os is usually rigid and undilatable, and labor will be painfully protracted, unless the physician brings to her aid the resources of his art. Opium here is not always judicious. If the patient is plethoric, with a hard pulse, bleeding, to be followed by a combination of opium and antimony, is probably the most appropriate procedure. We wish to say, here, that we believe that blood-letting is far too frequently, uselessly, and sometimes injuriously performed in obstetric cases. In eleven years of general practice, in which our obstetric experience has been limited to perhaps an average of about fifty cases per year, we have not bled over five times, and not once in the last five years. The issue to us has been satisfactory, for it has not been our portion, in the whole eleven years, to lose a patient in or during the period of our labor, nor, excepting in one case of erysipelas, within two weeks thereafter.

It is in cases of irritation and pain, accompanied and seemingly caused by undue uterine congestion, that we have injected into the rectum a combination of tincture of lobelia and laudanum, and applied extract belladonna to the os uteri, usually with the

effect of moderating the congestion, changing the character of the pains, and rendering the os easily dilatable. If, after the os becomes soft, the vaginal mucous membrane loses its unnatural heat, and the secretions become better established, regular uterine contractions do not occur, in certain favorable cases we have not hesitated to use ergot, and always with satisfactory results.

We have heard and read many protestations against the use of ergot, but in our view it is quite harmless when used with that judgment and discrimination and judicious selection of cases, which should characterize the administration of all important and powerful medicinal agents. We have quite as often seen uterine congestion, and consequent undue nervous sensitiveness, occur in the feeble as in the plethoric or the robust. In such cases bleeding, antimony and lobelia are neither of them well borne. In such cases, if opium, for any reason, is counterindicated, and the suffering is unbearable, or convulsions threatened, we have not hesitated to resort to chloroform, in that mild and cautious administration, which to us seems to be without danger, and yet abundantly adequate to the necessities of the case.

Inefficient Pains from Excess of Liquor Amnii.—When we commenced this paper we intended to remark only upon neuralgic uterine pains, and upon painful irritability consequent upon uterine congestion. But there is a variety of labor protracted in its first stage, in which the protraction and the inefficiency are dependent wholly upon an abnormal excess of liquor amnii. In careless and injudicious hands, in such cases, the patient is frequently bled, with the groundless hope that good may, in some unexplainable way, be the result; or ergot, or opium, or antimony is administered most empirically, and never with satisfactory results. In such cases, when well made out, the membranes should be ruptured at once, if the presentation is normal and the os is easily dilatable, and pains will come on with increased frequency and force, and with telling effect. The books tell us that the membranes should be ruptured only where the os is dilated, or very easy dilatable: this advice we consider not altogether judicious. Where the labor is protracted and the pains, though regular, of but little or no effect, and an excess of liquor amnii the well established cause, we do not hesitate to rupture the membranes, even though the os is quite rigid. The labor

will be facilitated by such a procedure. When the uterus is greatly distended with an undue amount of liquor amnii, the uterine contractions are usually feeble—possessing but little propulsive force. In such cases the contractions are stronger and more effectual after than before the escape of the waters.

Of the other cases of prolonged first stage we do not propose to speak at present, as it was our design to remark with the utmost brevity upon such subjects as are broached in the able paper of Dr. Logan. Our remarks were not designed for professed obstetricians, but for careless and inattentive practitioners, of which we know there are a few, who are sometimes guilty of injudicious meddlesomeness, or who, alike perniciously, act upon the unwise dogma, that all cases of labor, or nearly all, should be trusted to the unaided powers of nature.

ART. III.—*Wound of the Brain, and Removal of Several Fragments of Skull, followed by Fungus Cerebri.* Reported by A. B. BUTLER, M.D., Richmond, Indiana.

S. W., an intelligent and enterprising farmer, living one mile south of this city, aged twenty-eight years. On the 21st December, 1858, while leading a pair of horses that he had been driving, one of them ran forward and kicked up, striking him upon the side of the head, over the temporal region. The immediate effect of the blow was to entirely deprive him of sensation and voluntary motion.

A Homœopathic doctor attempted to relieve him by tinct. arnica administered internally; but after two hours the relatives insisted upon further advice, when Dr. Hibberd and myself were requested to see him. His condition, when we arrived, was that resulting from combined concussion and compression of the brain. An examination showed two punctured wounds of the scalp, as if made by the nail-heads upon the horse's shoe. On passing a probe into the wound several lines of fracture were detected, and it was decided to cut down and raise any portions of bone that might be depressed, or remove any blood clots that might be detected, acting as a compressing agent. A flap an inch and a half in breadth, and two inches long, shaped like an inverted letter U (U), was made and dissected off, so as to be turned down to the

ear ; this opening it was found necessary to enlarge by an incision an inch in length, extending back from the posterior portion of the first cut. An extensive fracture was discovered ; portions of bone detached were driven down into the substance of the brain. It was unnecessary to trephine, as the fragments could easily be removed with elevator and forceps. There were pieces varying from three-fourths to two and one-fourth inches, and measured, when placed in their relative positions, three inches by one and a half inches in extent, and embraced portions of the frontal parietal and squamous portions of the temporal bone. In removing the lower fragments hæmorrhage from the middle meningeal artery required compression to arrest it ; this was easily accomplished by passing the finger under the edge of the bone, and pressing firmly and steadily for a few minutes against it. Loose fragments were still left behind, as they were found to be attached sufficient to resist the slight effort made to remove them ; and on account of their connection with the base of the skull, it was deemed more safe to let them remain than to remove them. When the blood and brain matter that was lying loose had all been removed, and the edges of the bone had been made as smooth as the nature of the case would admit, the flap was laid down and retained in place by the isinglass adhesive plaster.

The signs of compression ceased to a considerable extent, but the concussion prevented consciousness from being manifested. Cold water dressing and veratrum viride were used to prevent reaction from running too high.

During the first five days everything progressed favorably ; consciousness returned so as to recognize what was passing around him ; no paralysis existed, and the scalp wound looked well, being mostly united either by first intention or copious granulations. The discharge escaped from three small openings, and consisted of bloody serum, albuminous fluid, brain matter and healthy pus.

The swelling in the surrounding tissues had very much subsided, leaving the flap elevated rather conspicuously. This we attempted to depress by strapping it down with the adhesive plaster ; but he could not tolerate a sufficient degree of pressure to restrain its increase, and consequently it continued to enlarge until the flap was stretched to its utmost tension. Portions of the

cicatrix yielded partly to absorption, and partly from laceration, until a large pulsating tumor, equal in dimensions to a hen's egg, could be seen through the opening, constituting a hernia cerebri.

The general system by this time was in a much more unfavorable condition: entire paralysis of sensation and motion in the left side, difficulty in swallowing, pain in the back of the neck, with stiffness of the muscles about the face and throat; stupor and heavy breathing, involuntary discharges of urine and feces, spasmodic jerking of the right arm and leg, while the eyeballs were either drawn to one side or affected by constant rolling from one portion of the orbit to another; altogether, presenting an array of unfavorable symptoms, indicating the near approach of tetanus or death.

In consultation with Drs. Plummer and Hibberd, the propriety of excision of the tumor was discussed; but it was decided to postpone the operation for a time, and try the frequent application of cloths wrung out of, or bladders filled with ice-water. When this plan had been pursued for several hours, the appearances began to change for the better; first of the general symptoms, next of the tumor.

The portion exposed had presented the appearance of indurated brain substance, without much tendency to bleed, though several discharges of blood occurred about this time, and probably exerted a beneficial influence upon it.

Dry calomel was applied to the part of the tumor that was exposed, as well as to the exuberant granulations thrown out by the scalp. At the end of a week, after the cold had been used, the tumor had become softer and less prominent, and did not seem so highly organized; the part exposed partly sloughed off and left a healthy granulating surface not different from the flesh granulations around it. These remained separate for a time, as a probe could readily be made to pass all around between them; but finally, during the progress towards a cure, they united, and natural skin covered both alike.

During the whole course of the treatment the pulse was kept under the influence of the *veratrum viride*, so that at no time did it rise above ninety in the minute—the general range being between seventy and eighty. No doubt this control of the circulation exerted a good effect upon the progress of the case.

February 1st.—Previous to this date the paralysis had improved in regard to sensation ; to-day motion was observed in the leg for the first time. . . . 11th.—The arm moved under the influence of the will ; in both the arm and leg involuntary preceded voluntary motion, and sensation preceded motion. . . . 13th.—Fungus depressed at the upper part ; granulations good, but not united to those of the scalp. Discharging thick yellow pus in small quantity. . . . 20th.—Tumor reduced to a level with the cranium. A portion of the skull that had been loose, and was not removed on account of its attachment low down at the base of the brain, had by long pressure of the tumor sprung out, and in connexion with callous or condensed cellular tissue about its edge, stood out prominent. Pulsation is distinct at the part where the skull is deficient, and no firmer covering than the scalp seems to protect the brain as yet. By an effort in holding the breath, the integuments over the wound are raised by the expansion of the parts underneath.

March 2d.—Tumor has entirely disappeared the scalp is somewhat depressed at the point where it previously existed. The wound is nearly healed—only a very minute opening remains, from which a single drop of matter may be forced out every six or eight hours.

July 6th.—Soon after the last report all discharge ceased. The integuments over the exposed brain have become firmer, probably from the growth of membrane by which such deficiencies of bone are usually supplied.

His general condition is still improving ; sensation is nearly perfect in the side that was paralysed ; motion of the leg is sufficient to enable him to walk by the aid of the cane ; the arm is less perfect, though still improving ; no lesion of the mental or moral faculties, though a disposition to laugh, and at times whether there was anything funny or not, has *annoyed him*. This, too, is subsiding ; and eventually the only morbid effects that will be left to denote the loss of four and a half square inches of skull and several teaspoonfuls of brain, will be the slight paralysis of the left arm and leg ; the functions of all the organs and the propensities being perfect.

ART. IV.—*Obliteration of the Lachrymal Sac.* By E. WILLIAMS, M.D., Cincinnati.

In the July issue of the *Lancet and Observer* I gave a short historical sketch of the method of treating lachrymal tumors and fistulae by the *ferrum candens*, followed by a report of some cases, preliminary to a further consideration of the same subject.

What! destroy the tear sac with a hot iron?

“Hear it not, ye stars!

And thou, pale moon, turn paler at the sound!”

Such, though not often so poetically expressed, will be the exclamation of many physicians on hearing it gravely recommended to obliterate the lachrymal sac.

What becomes of the tears? is a question often asked with an air of triumph as confident, or of surprise as great as would be exhibited if one were seriously to propose destroying the bladder as a remedy for cystitis or stricture of the urethra.

Those who look upon the lachrymal gland as a spring from which flows a never-ceasing stream that must be conducted by the tear passages into the nose and down the throat, if no farther, will readily see the little rivulet diverted from its course and forming a pearly cascade over the cheek. But does it, or does it not give rise to perpetual epiphora?—that’s the question. “I will have mercy, and not sacrifice,” is a precious doctrine in theology, but in surgery it is not always the most humane. The lachrymal sac, both under the old and the new dispensations of surgery, has often been immolated on the altar of humanity, and its smoke has gone up as a sweet-smelling savor to the divinity of the healing art. Let any groveling epicure in the profession compare it to the smell of a kitchen after this, if he dare!

After *complete obliteration*, in the great majority of cases, the epiphora is so very slight as to cause but little, if any annoyance, except when the eyes are exposed to a cold, sharp wind, dust and other sources of irritation which cause one to shed tears, *volens volens*, even where the tear passages are perfectly normal. A few are troubled more constantly with a watery state of the eye, but this is generally due to the imperfect occlusion of the sac. If even a very small portion of the fundus of the sac escapes, it remains as

a focus of irritation and consequent lachrymation. If one presses upon it with the finger, a drop or two of muco-purulent secretion will escape from one or the other punctum. Open and cauterize this suppurating cavity, and as soon as it heals and the cicatricial tissue which fills it up ceases to contract, the epiphora will either cease altogether, or become much less inconvenient. In a few very *lachrymose* individuals, even after the most successful occlusion, the watery state of the eye is a permanent annoyance. Prof. Arlt, of Vienna, states, in the second part of the first volume of the *Archiv. für Ophthalmologie*, page 136, that he has seen cases where, after complete obliteration, the eye was constantly swimming in tears; in one case even several years after the operation. But these, the most unfavorable instances, are very rare; and even in them the lachrymation is usually less troublesome than it was previous to the operation, while the condition of the patient in other respects is rendered much more supportable. He is relieved of the deformity and the intolerable nuisance of a dilated and constantly suppurating sac, whose contents must be repeatedly pressed out every day into the eye, or else discharge from an unsightly fistula over the face. These are facts supported by the unanimous voice of all ophthalmologists who have practiced this plan of treatment on a large scale.

Desmarres, who is a zealous advocate of occlusion, and who has resorted to it in a larger number of cases than any living oculist, says: "When the lachrymal passages are obliterated, if there is at the same time no state or source of irritation, one does not see the least *larmoiment* (epiphora); or, if it exists, it is very slight." Ruete (*Lehrbuch der Ophthalmologie*, volume 2, page 137), says: "*Das nachbleibende thrännenträufen ist von keiner grossen bedeutung*"—"The epiphora which follows is of no great consequence." Graefe's testimony, and that of others, is of the same import.

If, then, the tears do not often dam up in the eye and flow over the cheek after occlusion, what becomes of them? In true Yankee style, I might answer by asking, "What are the tears for?" Is the lachrymal secretion, like that of the kidneys, one of depuration, by which effete substances are eliminated from the blood? On the contrary, it is simply a *lubricating fluid*, destined to moisten the eye and facilitate its movements. Now, as nature does not do

things in excess, why shall we charge her with secreting more tears than are necessary for that purpose? This amount very readily evaporates from the surface of the eye exposed to the air without passing into the tear ducts at all. A small quantity is undoubtedly reabsorbed by the conjunctiva, but the largest portion is disposed of by evaporation.

But it may be asked, What then is the use of the lachrymal passages? Are they a useless provision of the Creator intended to furnish a constant crop of lachrymal tumors, to try the patience of doctors, or else gratify in them an itching desire to apply the hot iron? Well, they are perhaps, to make the most of them, but a second thought of nature—a provision for emergencies. When the eye is irritated by a foreign body, or otherwise, tears are poured out in excess to wash away the offending cause, and it is then especially that the sewer furnished by the lachrymal passages is called into requisition.

A few facts in regard to the source of the tears will better enable us to comprehend this matter. It is admitted on all hands that the lachrymal gland is not the exclusive source of this fluid, but that a large proportion is secreted by the conjunctiva. Any one can satisfy himself of this by a very simple experiment. Evert the upper or lower eyelid, wipe off carefully its conjunctival surface and then watch it for a few seconds, and you will see it covered with numerous fine drops of tears as they exude directly from its vessels. Now it is the opinion of Hyrtle, Desmarres, Graefe and many others, that the conjunctiva alone is the source of the constant supply of tears necessary to lubricate the eye; while the lachrymal gland is periodical in its action, and, like the salivary glands, which it resembles in its minute structure, only pours out its secretion when the surface upon which its excretory ducts open, is irritated, as also under certain reflex and emotional influences. This position is supported by so many pathological facts and so many experiments as scarcely to admit of a doubt. In all cases where the lachrymal gland has been extirpated and where the conjunctiva was healthy, there has been no instance, as far as I can find, where unnatural dryness of the eye followed.

The observations of Bernard, Textor, Dixon and others, who have cured otherwise incurable cases of epiphora by extirpating the lachrymal gland, prove only that in certain *pathological* con-

ditions the gland furnishes most if not all of the *excessive secretion*, and becomes constant in its action under constant irritation. But they do not establish the position that in the normal ordinary state, the gland furnishes any considerable part, much less, as Prof. Arlt contends, the major portion of the secretion necessary to lubricate the eye. The eye in the absence of the gland does not become *dry*, but only *incapable of weeping*, at least to any *effectual* extent. The fact repeatedly verified by Frerichs and others, that after extirpation of the lachrymal gland in rabbits and dogs, the eyes could not be made to overflow with tears by mechanical or chemical irritation, although they did not become dryer than natural under ordinary circumstances, goes to establish the same doctrine of the constant secretory action of the conjunctiva, and the periodical action of the gland.

In the first part of the first vol. of the *Archiv. für Ophthalmologie*, p. 295, is a little notice from the pen of Dr. Graefe, so apposite that I will translate it entire. It is headed, "Influence of the secretion from the lachrymal gland upon the moisture of the eye."

"I have, after the example of previous experimenters, often removed the lachrymal gland in rabbits, and when the proper precautions were observed in the operation, so that consecutive inflammation was prevented, not the *slightest* change was observed in the moisture and other conditions of the eye. In a man I was once obliged to removed the gland on account of a tumor of the orbit. After the operation was completed the fossa lachrymalis was perfectly free and the gland lay imbedded in the preparation. No trouble followed, only in the wind the patient felt the eye dryer than the other, and was obliged to shut the lids oftener than before. When an irritating substance—*e.g.*, tinct. opii, or argent. nitricum—was applied to the conjunctiva, the pain and redness lasted considerably longer than in the healthy eye; probably because in consequence of the failure of the flow of tears the irritating substance was not so soon diluted. In the nose the patient did not feel the least difference between the two sides." Dryness of the nostril, so generally attributed to obstruction of the nasal duct, is really due to inflammation of the schneiderian membrane, which is often the starting point of the disease of the duct and sac, rather than its consequence.

In further proof of the doctrine before stated, I can merely

allude to the pathological observation that atrophy, scirrhus degeneration, and other diseases of the lachrymal gland, are not attended by *xerosis* or injurious dryness of the eye, unless there be at the same time some affection of the conjunctiva. On the other hand, when the conjunctiva from severe and long continued inflammation has suffered such structural changes as render it incapable of secreting, *xerosis* and its consequences supervene.

From these facts it is highly probable, to say the least, that, under ordinary circumstances, there is no excess of tears above what is needed to moisten the eye, and may disappear by evaporation, the gland and tear passages being inactive. It is only in cases of hypersecretion that the gland is called upon and the excretory organs brought into play. In such an emergency the natural channel often proves itself incapable of carrying off all the fluid, and the tears well forth in glittering streamlets over the cheek, forming a prolific theme for poets, and furnishing the gentler sex with a weapon more potent than fire or sword! "Sighs of softness and tears of beauty!" Who has ever hardened himself against them and prospered?

I have thought it proper to say thus much in regard to the secretion and conduction of the tears, in order to anticipate the common objection to the method of occlusion, based on the erroneous assumption that permanent epiphora must be the inevitable consequence. In this particular, as in regard to the treatment of pannus and granulations by inoculation, it is only those who have never tried it or seen its highly gratifying results, who are so loud in their denunciations.

One great argument in favor of obliteration is its simplicity, its certainty, and the short duration of the treatment.

I do not wish to be understood as recommending the hot iron in all cases of disease of the lachrymal passages. But when there is a lachrymal tumor with decided stricture or complete atresia of the nasal duct, or a fistula with the same state of things, then occlusion is the only treatment that promises a cure with any kind of certainty, or in any reasonable time. The same is true when there is a complication of disease of the os unguis or other bones forming the cavity that lodges the sac and nasal duct. In support of this assertion I have all the best authorities. Desmarres (*Traité des Maladies des Yeux*, vol 1, p. 390) says: "I do

not know any surgeon who has conscientiously put all other means into practice, that did not become discouraged and gradually finish by abandoning them, or by having no more confidence in the application of any one; continuing, however, to employ some one by a sort of routine or of desperation." Ruete, at the close of his remarks on dilatation of the nasal duct by the lead style, gives his experience as follows: "According to my experience, in cases of narrowing of the duct at all decided, we almost never accomplish our object by the above treatment; therefore I proceed here, as in atresia, generally to obliterate at once. By this means we get rid of the repeated painful attacks of inflammation, and of the suppuration." Arlt lays it down as a rule, that "Only in simple hypertrophy can we reckon upon the restoration of the normal state. . . . In atresia, decided strictures, and in ulceration in the nasal duct, we may give up the hope of reëstablishing its permeability, at least permanently, and propose to the patient obliteration of the lachrymal sac." Graefe has abandoned all other treatment in the same classes of cases, for the exclusive method by occlusion. He and Arlt recommend the hot iron as the most available means of accomplishing the object; but more recently Graefe has used the galvano-cautery invented by Middeldorpf as preferable. Desmarres employs the actual cautery, in most instances, as being more certain, more prompt, and attended by much less pain and reaction than the different caustics. The chloride of zinc, Vienna paste, sulphuric acid, nitrate of silver, etc., have all been used and recommended, but they are more painful, harder to limit in their action, and much oftener followed by severe swelling and even erysipelatous inflammation of the face, than the *ferrum candens*, which very seldom gives rise to any serious reaction. — More at another time.

ART. V.—*Case of Rheumatism of the Uterus, with Remarks upon the Alkaline plan of Treatment.* By J. R. BLACK, M.D., Linnville, Ohio.

On the 9th day of October, 1858, I was summoned to see Miss C., aged eighteen, of good constitution and habits, farmer's daughter, never had any sickness. I found her in bed with a flushed face and dry, hot skin; had a rigor a few hours previous, followed by the fever. Pulse full, somewhat hard, 95. The

tongue was thinly coated and very dry. Complains of aching all over the body, more especially in the back and inferior extremities. No actual pain, but little thirst and complete anorexia. The catemenia had been regular, although somewhat scanty—superinduced, as her mother alleged, by exposure the spring previous. It was now her menstrual climacteric, but as yet no show. The feet were rather cold. Ordered cold to the head, warm pedeluvia, pil. cathar. comp., grs. xii.; to be followed by infusum hedeoma, with the addition of senna, if pills do not operate well.

10th, A. M.—Feels some easier; tongue yet dry, pulse hard; medicine operated well upon the bowels.

R Hydrargyri chloridum mite, grs. xv.

Pulvis ipecacuanha, grs. xx.

M. et div. in chart. No. v. One to be given every three hours.

11th, M.—Feels better than she did last evening; said her sufferings in evening and fore part of night were dreadful—"such a fever, aching," etc. Mother remarked that she was delirious during the acme of suffering. Fever, tongue, and circulation as before; urine high-colored and scanty; a very slight show of menses; complained of pain in her side, and remarked that she had a tumor there. On putting my hand on the abdomen I was astonished to find the tumor to be formed by the uterus. It occupied the umbilical region, and was about the size of that which obtains in the sixth month of gestation. There was no mistaking the peculiarly formed pyriform body, which every obstetrician is familiar with. It was easily grasped by the hand, and she complained of a feeling of soreness and discomfort when it was rudely grasped.

Here, to me, was an anomalous case, or at least something out of the usual routine—requiring the utmost circumspection on my part; desirable, as it always is, to guard from error and avoid imprudent imputations. Was she pregnant, and only pretended to discover it at this particular juncture?—or, was it a case of retained catamenia with dysmenorrhœa?—or, was it a case of pure inflammation of the uterus? These were some of the queries that arose in my mind, and I must confess that the adoption of either one seemed scarcely allowable. There was no reason to doubt the virginity of my patient; besides, her

mother had positively known of the catemenia up to that time, and, furthermore, I could obtain no sign of pregnation, either from the mammae or by auscultation of the uterus. The idea of retained menses received no support from the previous inquiries, and the patient was positive that the tumor had only been there for a few hours. The last interrogatory appeared to be the only tenable one: there was no reason to doubt that the febrile movement and uterine enlargement were connected. In the mean time, as the symptoms did not seem urgent—the patient breaking out during my stay in a partial perspiration, with now and then a slight rigor, on raising the bed-clothes—I determined to put her upon anodynes until my return next day, during which time I could consult authorities.

12th, 8 A. M.—A great aggravation in symptoms had again occurred towards evening of previous day. The pain in the uterus was extremely distressing; delirium more marked. The skin during the night was hot, and yet often bathed in perspiration; other symptoms unchanged. A blister to be put upon the umbilical region.

R Hydrargyri chloridum mite, grs. xxi.

Potassæ nitras, ʒ ij.

Morphiæ sulphas, grs. iv.

M. et div. in chart. No. vii. One to be given every four hours.

13th.—Pain, last twenty-four hours, less. Blister seems to give some relief. Tongue very dry and thickly coated; skin moist and hot; pulse 102. Medicine continued, with addition of veratrum viridē, gtt. iv., every four hours. The bowels to be opened in the morning with infusum sennæ and potassæ bitartras.

14th.—No improvement. Bowels acted freely; great pain in the enlarged uterus during fore part of night; uterus yet enlarged; a very scanty flow of catemenia of dark color; tongue dry; pulse 89. Veratrum viride continued; cups to the back. To relieve pain, fluid ext. hyoseyamus, pro re nata. This treatment was not materially changed until the 18th, at which time I had determined to make an examination per vaginam, to see if perchance any light might be shed upon the case. The symptoms were not materially abated during this period. I felt impotent at the result of treatment, and was ready to conclude that I was *hors du combat*. But an unexpected occurrence changed the aspect of

affairs. On the morning of the 19th I was astonished, on placing my hand over the abdomen, to find the uterine tumor entirely gone. Had I been handling a phantom tumor, or was I the victim of a hallucination? The most careful manifestation could not detect the uterus; it had subsided into the pelvic basin. The pain of the abdomen was now also gone, but the patient said that her thigh and knee pained her much, and she could not move that limb. On examination it was found hotter than the other, considerably swelled and painful to the touch. Here was a solution of the mystery. I had been treating *at* a case of rheumatism of the uterus. Metastasis had now occurred to the thigh and knee. It finally left them and located in the posterior part of the leg and ankle, and was subdued by a line of treatment presently to be mentioned.

So far as I am aware, our standard authorities present no precedent for this case. Churchill, in his work on diseases of women, does not place this disease as occurring in the unimpregnated condition, but treats of it only as a disease incident to pregnancy and childbed. Wood (*Practical Medicine*) believes that the uterus is frequently the seat of rheumatism, and thinks that many cases of dysmenorrhœa are nothing more than examples of the affection (vol. 1, page 431). Copland states it to be a very rare affection.

The plan of treatment which I followed in this, as in all other cases of rheumatism, is grounded upon views entertained concerning its pathology. The blood, it is well known, has a self-maintaining power. In its increase the lacteals and absorbents are its radicles, and in its exhaustion we have the phenomena of growth and renewal of the tissues. Deficiency of supply by the radicles impoverishes the blood and induces morbid acts, whose specific form is usually determined by extraneous modifying influences. Thus scrofula and typhus fever generally derive their origin from deficient and unwholesome ingesta. Numerous and various external influences implant a susceptibility or development of one or the other. A generous and healthy supply is one of the prime elements of resistance to insalubrious outward causes. On the other hand, if the supply of pabulum in the blood exceed the necessities of the tissues, leaving an excess of elemental products in the circulation, and should the secretory

organs fail in their supplemental action of removing it from the body, then sooner or later a retrograde metamorphosis must ensue; which, acting under vital influences, produces a departure from normal action—the particular form of the disease assumed being determined most frequently by external modifying powers. It is in harmony with our conceptions of vital actions to conclude that this metamorphosis in the blood is sanative, or, at least, is an effort of the *vis medicatrix naturæ*—the retrograde act preparing the way for its excretion and elimination. Such a degenerate act of the surplus plasma in the blood is, I conceive, the true origin of rheumatic affections, the superabundance of lactic acid being one of its most characteristic products. The most prominent external modifying influence is the prevalence of cold, damp and chilling weather, by which the avenues of excretion are repressed, whilst the production of effete material continues unimpaired. These, in brief, are the views entertained of the nature of rheumatism; and whatever merit they may possess over those who style or explain rheumatism as a mere diathesis (*vide* Wood), they can lay claim to one advantage—that of arming the practitioner with a definite purpose, to aid and assist nature in eliminating the *materies morbi* from the body. The plan is vouched for by many of our highest authorities; and I may say that, in my experience, its success has far outstripped my expectations.

It is well, at the outset of a case, when there are evidences of a loaded liver and torpid bowels, to begin with three or four doses of calomel in small portions, followed by infusum sennæ, with bitartrate of potassa, so as to gradually, but effectually clear the alimentary canal. The imperfect and insufficient action in the renal secretion next demands attention. The urine is almost invariably scanty, high-colored, and of marked acid reaction. Tart. antimony, or if the stomach and bowels are irritable, ipecac, with nit. potassæ. Simultaneously, especially if the thirst is great, Sedlitz mixture, with an excess of alkali, ought to be given. The treatment is varied, every two or three days, by substituting one salt for another, until the system is saturated with alkalies. The practice of employing different bases, or their combinations, in the same case, is not only practically, but theoretically sustainable, provided the theory of elimination be admitted. It is true a few may deny it, but when we consider that its ex-

istence is coeval with scientific medicine, and when we examine its claims by the light of reason and analogy, and observe the distinguished men that endorse its correctness, such as Simon, Paget, Todd and Jones, we may not be thought too credulous in building upon such a structure. In the disintegration of the *materies morbi* from the vitalized normal tissues, it is reasonable to conclude that, as organic substances are compound in their nature, and as chemical combinations have each a definite or peculiar modifying power over vital affinities, either by direct molecular action, or by contact (*katalysis*), the employment of a variety of medicinal substances is directly indicated. It is but seldom, for example, that any given constituent can be resolved from an organic substance by a single chemical manipulation. A series of chemical changes is usually requisite, effected by a variety of agents. As the severity of the symptoms subside, action being moderated, and the skin dry or harsh, it is well to combine with our leading remedial agents pulv. guaiacum, the bowels meantime being kept open. Should it be desirable to procure rest and soothe nervous irritability, fluid ext. hyoscyamus is an admirable remedy—possessing the advantage over opium of not checking secretion in the kidneys and intestinal canal.

To ease the aching limbs, or sooth the intensely sensitive joint, there is an excellent remedy in the following:

R Tinct. camphoræ, f℥ vi.

Chloroformus, f℥ j.

Tinct. opii, f℥ ss.

Oleum origani, f℥ ij.

Fiat mistura. Apply externally pro re nata.

ART. VI.—*Alcoholic Drinks in the Treatment of Pulmonary Tuberculosis. "Aegrescit Medendo."* By JAMES I. ROOKER, M.D., Castleton, Marion Co., Indiana.

It is not my intention, in the present short dissertation, to enter into an elaborate description of the etiology, pathology and treatment of consumption, but to briefly refer to the more prominent theories that have been promulgated from time to time, that we may be more fully able to understand the *supposed modus operandi* of alcoholic drinks in the treatment of this disease. Alcohol is used by many as a prophylactic and a curative agent, and they

assert the happiest results. This treatment is founded upon the opinion of Prof. Rokitsansky, Simon, and others. They assert that there is too rapid oxygenization of the blood, and that this is the peculiar condition of the system which constitutes the diathesis, and that the venous condition of this fluid is incompatible with the development of tubercles. We find no less eminent men advocating the opposite opinion. Very recently Dr. McCormac laid before the Imperial Academy of Medicine, of Paris, a work on the nature, treatment and prevention of consumption, and incidentally of scrofula. According to Dr. McCormac, the material cause of phthisis is the accumulation of carbon in the blood. The author relates experiments made upon a number of dogs and rabbits. Half were confined in an atmosphere loaded with carbonaceous matters, while the latter half were left in pure air. In the short space of six weeks the half that were confined were found phthisical, while the rest remained healthy. Dr. McCormac's theory is corroborated by many other experiments and observations on man and beast. In ill-ventilated prisons and hospitals, and among those who are confined in workshops, the mortality from consumption clearly shows that atmosphere loaded with carbon is an exciting, if not a predisposing cause of consumption.

I might go on to enumerate other opinions as to the peculiar constitution which is predisposed to phthisis—to the writings of Sir James Clark, J. Hughes Bennett, Francis Churchill and others, which are familiar to every intelligent physician. That the peculiarity of the system which predisposes to phthisis is not fully understood, is well known.

As I above stated, the use of alcohol is based on the opinion of Rokitsansky—that there is too much oxygen in the system and too little carbon, and alcoholic drinks increase the carbon in the system, and in this way are given as a preventive and curative agent in the treatment of consumption. If carbonaceous matters, introduced into the system through the lungs, are a predisposing and exciting cause of consumption, can we expect to do much towards a cure by contaminating the blood by introducing the same into the system through the stomach?

That alcoholic drinks do increase the carbon in the blood I

am ready to admit; and this they do in two ways, which I will designate as primary and secondary. Oxygen is nature's stimulant, while carbon is her narcotic. In the first stage of intoxication you will find a quick pulse, respiration somewhat accelerated, with all the vital powers active. In this stage we find an increased amount of oxygen in the blood; but this stage soon passes off, and the second comes on, which is characterized by slow pulse, respiration slow and more or less laborious, and the patient unconscious to surrounding objects. We find in this stage an increased amount of carbon in the system. This is what I term its primary effects.

It is well known to every intelligent physician that, in order to have the good effect of any drug as a curative agent, in most diseases, you should constantly have your patient under its influence. Then, in the present disease, if you want its constant primary effect, you must keep your patient continually drunk; for if you only give it in a small amount, it acts only as an arterial excitant, and increases the oxygen in the blood. In short, give a narcotic dose, make drunkards of your patients; and by doing this, sooner or later you will have disease set up in those organs whose office it is to eliminate carbon from the blood, and you have, as a result, its secondary effect. If the object is to increase carbon in the system, and that this is incompatible with the development of tubercles, upon the same reasoning why not advise those who are predisposed to the disease, to follow occupations that would confine them in small, ill-ventilated rooms, and those who have the disease confine them in an atmosphere highly loaded with carbonaceous matters? Observations of this kind are familiar to all; the mortality from consumption is greater among no other class. Alcoholic drinks, in what I term a narcotic dose—that is, where they are given in sufficient quantity to carbonize the blood—are antiphlogistic; they deoxydize the blood, they also diminish the fibrine, and in this way antagonize the principle of inflammation. Then, who would think of giving them in order to fulfill the indication they propose to do in a disease which we know to be excitant by any debilitating cause?

From the foregoing short and imperfect article, it will appear that the peculiarity of constitution which predisposes to consump-

tion is not fully understood ; that alcoholic drinks both increase the carbon and oxygen in the system. In small doses they act as an arterial excitant, and increase the oxygen in order to increase the carbon ; and to have its primary effect, you will have to give them in a narcotic dose ; and in this way they act as an antiphlogistic and coincide with the disease ; and in order to have their secondary effect, you will have to push them far enough to set up disease in the liver.

From the above it will be seen that I have been speaking of them more as a preventive than a curative agent, although I apply them to both.

ART. VII.—*On the Permanent Cure of Intermittent Fever by Liq. Potas. Arsenitis.* By L. D. SHEETS, M.D., Liberty, Indiana.

As the season is again at hand for autumnal intermittents, I desire to draw the attention of the readers of the *Lancet and Observer* to the use of the above remedy. Doubtless every one is aware of its being a remedy in ague, but its application and mode of administration in my practice may be new to many.

I use arsenic in those cases only that are subject to frequent relapses, and are incurable with quinine. The cure is safe and speedy. I regard it as an almost infallible remedy ; and, notwithstanding I have formerly often failed with it, the fault was not in the medicine, but in the manner of using it.

My mode of treatment is to arrest the disease with quinine, and then to administer the arsenic in about twelve-drop doses, three times a day, until it begins to produce its specific effects upon the system, which are usually first manifested by swelling of the eyelids. Sometimes it may not be necessary to carry it so far, but I seldom give a patient less than five or six drachms of Fowler's solution. If the chill is likely to return in a week, begin with the arsenic immediately after it has been broken ; if not for two or three weeks, four or five days may intervene.

No danger need be apprehended from the specific effects of arsenic. It has been my experience that these patients always enjoy much better health afterwards, and never urge a complaint against the remedy. It is true that occasionally you may meet

with patients with peculiar idiosyncrasies that forbid the use of arsenic. The smallest dose, in them, will produce poisoning, but it will not prove at all serious if the remedy be at once discontinued. I have found the simple Fowler's solution, uncombined with anything else, answer the best purpose.

Translations from the French.

Clinical Lecture upon Cerebral Fever : * By TROUSSEAU. Translated from *La Clinique Européenne*, by J. C. REEVE, M.D., Dayton, Ohio.

I am about to speak, to-day, of an infant which appeared doomed to a certain and speedy death. The disease from which it suffered merits, in many respects, your most careful attention. It was a case of cerebral fever, which followed a regular course in its premonitory as well as in its complete stage.

The patient was a little girl, aged eight months, nursed by its mother. It was taken ill about six weeks ago, its constitution being good. At that time it presented a peculiar sad or heavy appearance, which was not usual, and which could not be attributed to dentition. The first group of teeth had been cut at the age of four months, and the superior incisors, the next to be expected, had not yet made their appearance, and would not probably do so within fifteen or twenty days, supposing the child lived that length of time. Dentition, then, could not occasion the illness which caused this heaviness, a symptom the importance of which I can not too strongly impress upon you, and which, succeeding all at once to the liveliness and playfulness of the child, surprised and troubled the mother. Its sleep became broken and unequal, but there was an absence of one symptom so frequently seen at the commencement of this disease ; it had none of those startings from sleep, accompanied by a peculiar cry, which I shall have to describe in giving an account of this terrible affection. Eight days ago vomiting commenced. Everything

* Synonyms : *Tubercular meningitis*—Wood, Meigs ; *Acute hydrocephalus*—Watson, West ; *La Meningite granuleuse*—Bouchut ; *Die hitzige Wassergehirnsucht*—Meissner.

which was given to it, drinks of various kinds and its natural food, were thrown up again, and the mother became seriously alarmed. Her apprehensions were increased five days ago, by the appearance of another symptom, which she has well described to us, and which it is essential to mark. Whenever she took up the child it commenced to cry; it seemed as if every touch gave it acute pain; and this was the fact, for there was then general hyperæsthesia. Finally, four days ago, convulsions came on—first on the right side, then on the left; and then the little patient was brought here. Let us pass rapidly in review the symptoms which it presented, and compare them with those which may occur in other similar affections.

At first sight we observed *strabismus*—convergent strabismus of the right eye, the pupil of which was dilated, but not so widely as that of the left. Upon that side the child seemed blind, for upon moving the finger rapidly before the left eye there was no closure of the lids, that natural and involuntary movement for the protection of the menaced organ. There was then blindness, or great feebleness of vision; and this is an accident of cerebral fever, which children who can talk complain of readily, and which is here very plainly indicated by the wide dilatation of the pupil and the convergent strabismus of the other eye. We observed, besides, a slight bending of the head backwards, and some stiffness of the left arm, which was agitated from time to time with movements of extension and flexion. The thumb of this side was forcibly adducted into the palm of the hand and covered by the fingers convulsively flexed upon it; this flexion, however, yielded readily to our attempts at extension. Upon removing the child's clothing, we observed that the abdomen was excavated, hollowed out—a symptom almost constantly to be met with in cerebral fever, and of great value, as it serves, in a large number of cases, to distinguish the disease from cerebral affections occurring secondarily in other diseases—typhoid fever, for example. When the hand was carried to the face of the child, as I did to examine its mouth in regard to dentition, we were struck with the redness which immediately colored the skin. And if we passed the nail over the abdomen, however lightly, in such a manner as to make longitudinal and transverse lines, thirty seconds did not elapse before the whole surface was covered with a lively redness, which, diffuse at first,

remained along the lines where the nails passed of a more intense and persistent color. This is the cerebral blush, which I first pointed out twenty years ago, and which I have called the *meningitic blush*. This singular and inexplicable phenomenon is of great value, whatever may be said of it, and of great aid in establishing the differential diagnosis of cerebral fever. It is worth while to dwell upon it a moment, for often this cerebral blush alone is of very great signification. The parts upon which it most readily appears are, first and before all others, the anterior face of the thighs, then the abdomen, and next the face. Its characteristics are those we have just pointed out in the case before us. In making light friction upon the skin of the little patient, with the nail, or with a pencil, we saw the points touched redden with remarkable vivacity. This redness persisted a longer or shorter period—eight, ten, fifteen minutes. The existence of this cerebral blush has not been denied, it is true, but the value which I give it has been strongly contested. It has been said that it is a sign of no importance, since it occurs in other diseases as well as in cerebral fever. This blush, it is true, does sometimes occur in other diseases, but it is then accidental and exceptional, while in the complaint under consideration it is a constant phenomenon, invariably occurring during the whole duration of the disease, from its initiatory symptoms until death—a capital point as to its value in diagnosis. But a still greater objection has been made; it has been said that this blush can always be found, when sought for, in any child having fever, even of the simplest kind; but this is an error. I have pointed out, to those following me in the wards, children suffering with fever accompanying violent stomatitis and severe pulmonary inflammation, and we have sought to produce this blush by rubbing the skin rudely, even to rubbing off the epidermis; the friction has caused a light redness, but this redness was not comparable, either in intensity or persistence, with that seen after much lighter friction in cases of cerebral fever. The redness of the skin in those patients disappeared almost immediately; in the little girl it persisted eight, ten, fifteen minutes; and it not only occupied the points upon which friction was directly made, but extended several centimetres around, while in the other cases it remained perfectly localized to the points touched.

If I insist so much upon this sign, I repeat, it is because, in a

great number of cases, it is one of considerable value, especially in avoiding the possible confusion between cerebral fever and other maladies, such as typhoid fever with cerebral complications, and the convulsions to which children are liable and those which occur during the access of the exanthemata. This blush is never produced in these kinds of convulsions, and if ever seen in typhoid fever, it does not attend all stages of the disease, and never has the same intensity nor the same persistence.

I have dwelt upon this point to prevent repetition. Let us return to the other symptoms which make up the history of the disease.

The *precursory stage* is of very great importance. The writer who has insisted most strongly upon this period is M. Rilliet, of Geneva, the collaborator of Barthez in the work upon diseases of children. He has reported a large number of cases in which he was able to foresee an attack of cerebral fever from certain symptoms which I am about to indicate.

The first symptom presented by a child about to be attacked by a cerebral fever is generally, but not always, a change of manner, which manifests itself during the month, or six or eight weeks, preceding the outbreak of the disease. The patient is sad and heavy, and takes less pleasure in its sports than usual; its *character changes*, it becomes morose and irritable towards its playmates and friends; at the same time a very perceptible *emaciation* takes place; it does not sleep so soundly as formerly, or there may be complete sleeplessness. In some cases the slumbers are disturbed by painful dreams, and broken by sudden startings accompanied by a peculiar cry which is characteristic of the disease. M. Rilliet attributes these general symptoms to lesions of the brain which already exist, and which, although giving a chronic or subacute form to the malady, exercise, nevertheless, a certain and injurious influence upon the functions of the encephalon. When we recollect that we almost invariably find tubercular deposits in children who have died of cerebral fever, either in the bronchial or mesenteric ganglia—or, what is more rare, in the cervical—we can easily understand how this tubercular affection can occasion the general symptoms we have mentioned, and especially the emaciation. Farther, as we almost always find in these subjects granulations occupying the periphery of the brain,

the fissure of Sylvius, and other points—granulations which are, in truth, tubercular, as the microscope incontestably proves—we can conceive that the morbid action, under the influence of which these deposits are made, although taking place slowly, has nevertheless a decided influence upon the cerebral functions—an influence which is manifested by the change of character, by the agitated and broken sleep, and by the insomnia, of which we have spoken.

Although the precursory symptoms more frequently precede cerebral fever than any other disease whatever, I do not think we can regard them, as does M. Rilliet, as exclusively characteristic of this affection. They appear to me, indeed, to depend far less upon the local lesions than upon the general pathologic state, which, preceding in this case meningo-encephalitis, precedes also in other cases, latent pleurisy, or tuberculous engorgement of the mesenteric ganglia, or in others, again, pulmonary or bronchial tuberculization. In a word, the precursory symptoms indicate rather a morbid diathesis than a declared disease. We know how much the character of a child changes under the influence of sickness, but few among ourselves have not learned, by experience, that such a change takes place in adults, even under the influence of a light ailment, and the change takes place in children as much more readily as their characters are more mobile.

We can easily understand, then, this sadness of the child, this unaccustomed repugnance to the sports of its age, this moroseness which is not habitual to it, without calling to our aid any local encephalic lesion. We have for their explanation the existence of a most grave, morbid state of the system—a tuberculous state not yet manifesting itself by local affections, but profoundly affecting the entire economy. I should say, however, that, although these precursory symptoms occur in the other diseases mentioned, they are in no other cases so striking as in cerebral fever.

Finally, more decided symptoms of the disease manifest themselves. Most generally it is vomiting, and *uncontrollable vomiting*, which announces the commencement of cerebral fever. In the greater number of cases the friends of the patient look upon this symptom as of slight importance; and as the child has eaten but a few hours before, and perhaps even with good appetite, they

consider it as only the effect of indigestion. During a day, or perhaps two, they remain of this opinion, but finding the vomiting persist, are compelled to abandon it. And, in truth, it is very rarely that vomiting is repeated in indigestion after the stomach has once emptied itself. This persistence of the symptom is then a fact of great importance. When it occurs without febrile action, in a child which has been vaccinated, our attention should be immediately directed to cerebral fever; occurring in one not vaccinated, accompanied with fever more or less severe and continuous, with profuse perspiration, diarrhoea, and pains in the loins, we should fear variola; but, I repeat, in the absence of these conditions, the vomiting described announces the commencement of cerebral fever. It should be added that there is generally obstinate *constipation*.

At the same time the patient complains considerably of headache; and although this is a symptom which strongly attracts the attention of the friends and the physician, it is a symptom which can not be considered as of any great value in this complaint, for there are many other diseases which are attended by headache, more or less violent in proportion to the intensity of the fever. However, there is this peculiarity in the headache attending cerebral fever: it is rare that the *initiator* fever, of which it is one of the epiphenomena, is limited, as in the other diseases, to a single accession; generally the patient has two or three chills in the twenty-four hours, and after each chill some heat of skin and perspiration; sometimes the chill returns each day at about the same hour, in other cases, but more rarely, the fever is continued, but moderate, with frequent remission. The febrile movement, the violent headache, more or less limited to one part of the cranium, the moroseness of the patient, its sleeplessness, the persistent vomiting, are signs of capital importance. When the physician observes them, he should be carefully upon his guard. It is not rare, even at this stage of the disease, to be able to discover more serious symptoms, amblyopia, hemiopia, etc.

Such are the symptoms of the first period of cerebral fever.

In the *second period*, to the sleeplessness, the febrile movement, and the violent headache, succeed a deceitful calm and repose, which is likely to tranquilize the uninformed physician, and above all to quiet the apprehensions of the parents, who are always

ready to seize upon any favorable indications. But the practitioner who has been taught by experience, informed by the symptoms of the preceding period which he has seen or been told, knows too surely that cerebral fever is established, that it has entered upon its *apyretic stage*, and that henceforward it will steadily pursue its fatal course. The *pulse* now shows a peculiarity; ordinarily regular in the first days of invasion (I say ordinarily, for sometimes in the first period there is irregularity which gives valuable information to the physician), it becomes now, in the second period, remarkably slow, at the same time unequal, but, above all, excessively irregular; while normally, in a child four or five years old, there are between ninety and a hundred beats per minute, and in an infant at the breast from one hundred to one hundred and twenty, in the second period of cerebral fever the number of pulsations falls to sixty, sometimes fifty-five, or fifty; and it may fall even below that, while at the same time it presents great inequality and irregularity.

At this time the child remains in a state of somnolence which contrasts singularly with the agitation of the first period. It enjoys, in appearance, a peaceful slumber, which rejoices and comforts the friends who surround it; but soon, seeing it prolonged, they become justly troubled and alarmed. This somnolence persists from four to five days. If the little sufferer is awakened, it utters a cry of impatience and immediately drops asleep again; yesterday terrified at your presence, afraid of the physician whose examination harassed it, it no longer exhibits any alarm; then it could not endure even an examination of the pulse, the slightest touch agitated and tormented it,—now it appears indifferent to anything you may do; you open its eyes, you pinch it to discover the degree of cutaneous sensibility, and if it appears for a moment irritated, it drops immediately into its quiet slumber. This is a symptom of most serious character, and which we find in scarcely any other disease. About the end of two days the countenance presents a strange appearance. From time to time the child opens widely the eyes; they are brilliant, and at that moment a bright redness overspreads the face, comparable to the blush which modesty sends to the cheeks of a young woman. This redness disappears in a minute or two, the eyes close again, and the child returns to its former state. This *reddening of the*

countenance is repeated from time to time during the day ; it is also of value. Soon it occurs more frequently, and in a great number of cases when it takes place the child utters a few plaintive cries,—a characteristic phenomenon which Coindet has particularly pointed out ; this is the *hydrocephalic cry*, the cry of cerebral fever ; it may be repeated every hour, every half-hour, or at much greater intervals. It is a cry of pain, and the patient having uttered two or three of these, falls again into the calmness and into the sleep from which its sufferings had for a moment roused it. This peculiar appearance of the countenance and the hydrocephalic cry completes the description of the second period, with the exception of one sign of which it is necessary to speak. I allude to *retraction of the abdominal parietes*. The abdomen is hollowed out, and this fact is especially important in establishing the differential diagnosis between the disease under consideration and typhoid fever, a disease in which the abdominal parietes are always protuberant.

One other symptom, however, must still be mentioned ; it has struck those who observed the little girl who is the subject of the present lecture. I refer to *irregularity of respiration*. It was well marked in our patient, as I have said, but less so than in many others I have seen. How did she respire ? In counting the respirations, watch in hand, there was extreme difficulty in following them ; first, there was a feeble inspiration followed by a feeble expiration, then a stronger inspiration and expiration, and again a feeble one, and finally a period of cessation. These four respiratory movements were accomplished rapidly, and the chest remained motionless afterwards during three, four, five, and six seconds. That is what occurred yesterday ; that is what occurs to-day ; to-morrow, in place of an interval of five or six seconds, there will be one of ten, twelve, or fifteen.

In a child of two years, in the Hospital Necker, afflicted with this disease, I was able to count by the watch periods of cessation of respiration of thirty, thirty-five, forty, and even of fifty-seven seconds ; and it is remarkable that this irregularity of respiration extends to the third period of the disease, when the slowness of the pulse has been succeeded by great frequency—this infrequent respiration occurs with a pulse beating, as in the case of our little patient, as high as one hundred and sixty per minute.

In no other disease can this singular anomaly be found; this unequal respiration does not occur in the idiopathic convulsions of infancy, nor in typhoid fever,—so that in cases where we hesitate in making a diagnosis, and these cases are still too frequent, this fact, in addition to the cerebral blush upon which I have so strongly insisted, should have a great significance. It is of importance in view of diagnosis, but it is far more so in regard to prognosis—and for this reason: the termination of cerebral fever is almost always, if not always, fatal. In the course of a long medical career, I have never but twice seen recovery take place. Once it occurred under my own care, in the children's hospital, where we were able to verify the fact by an autopsy. There seems a contradiction between the words *recovery* and *autopsy*, which may require an explanation, and this can be easily given: the acute disease had subsided, but was followed by a serious chronic affection, which terminated the life of the patient five months afterwards. My *interne* presented to the Society of Anatomy the brain, which had evidently been the seat of softening four or five months before.

The other example of cure was in a child I saw in Bolougne, near Paris, in consultation with M. Blache. These two children are the only ones, I repeat, which I have had the good fortune to see recover in a long practice. It shows how serious is the disease which furnishes such results; to me its incurability seems nearly absolute. You can comprehend, then, of how much import the question of diagnosis must be when it is impossible to form a prognosis without it; and here prognosis is of vital importance. We must distinguish from cerebral fever typhoid fever with cerebral complications, and the idiopathic convulsions of infancy. We cure, in fact, the greater number of young subjects attacked with typhoid fever, even when it is of the most grave character—even when accompanied by serious cerebral complications; and we cure ordinarily the convulsions of children. But if we do not make the distinction—if we take for cerebral fever diseases of which we have just spoken, (and typhoid fever may easily be confounded with it,) we shall imagine that we have cured many cases of the disease, and be astonished at hearing practitioners of great experience avow that they have never been fortunate enough to save a single one.

The *third period* of cerebral fever is characterized by a *return of the febrile movement*. We have seen the fever of the first period occurring in paroxysms of short duration, several times repeated in the twenty-four hours, or continued, but moderate, and with frequent remissions. In the second period of the disease the pulse, on the contrary, was remarkably slow; in the third period it becomes extremely frequent, and this frequency goes on increasing until death terminates the case. It is at the same time sharp, and the skin is warm, but it is singular, and the fact is of value in the diagnosis, that the thirst which generally attends fever of every kind does not exist in the disease under consideration. While children, suffering from cerebral complications in typhoid fever, from scarlatina, from any other pyrexia, or any inflammation, demand drink eagerly, or if unable to talk, make known, by certain pantomimic actions, the thirst which torments them, nothing of the kind is seen in patients attacked with cerebral fever. There is no thirst, or, at least, no evidence of any is given. Not only do the little patients not ask for drink, but when it is offered they manifest repugnance to it. Does this repugnance arise from the difficulty of deglutition experienced by them? This may be; but whatever the explanation, the fact is the same.

Already in the second period a symptom had made its appearance which, although present then, is of course much more strongly marked in the third. I allude to the *state of depression* into which the patient has fallen. Completely indifferent to what passes around it, it observes nothing, is disturbed by nothing; everything which pleased it formerly, its toys, the amusements of its age, are now unnoticed, and it lies in a state of complete immobility: sometimes it responds when spoken to, but never asks questions of its own accord; while in every other disease it will call for its mother, its nurse, and those it is accustomed to see, manifesting in a word desires, in cerebral fever it seems to have no spontaneous ideas and no wants. In the first period of the disease we can awaken the patients by disturbing them. They complain and cry upon being irritated; but in the third period this is no longer the case—nothing rouses them from their deep depression.

Convulsions are sometimes, but rarely, observed at the com-

mencement of the disease ; in the second or apyretic period there are none, properly speaking, but there is something resembling them—something analogous to the epileptic vertigo : the child opens its eyes quickly, and they remain singularly motionless. This convulsive movement manifests itself more decidedly in the third period, and then also appear symptoms of *paralysis*, which in some cases occur towards the end of the former stage. Thus, when our little patient opened its eyes, one of them was much more widely opened than the other, for the levator palpebræ began to be sluggish ; there was also strabismus. These symptoms indicated clearly that paralysis was commencing, and an attentive examination showed that it had already extended to other parts of the body. In an infant we can establish this fact by laying it upon its back and tickling alternately the soles of its feet : it draws back one foot much more readily than the other ; the power of motion is impaired upon one side, sensibility is also less, and a greater stimulus is required upon this side to produce the same effects. The parents will tell you, besides, that their child allows one arm to lay along by its body more than the other, and if you examine this member you will find motion, power and sensibility more or less affected. The paralysis of cerebral fever has this peculiarity about it : it appears to be variable. I will explain what I mean ; one day you ascertain the fact that upon tickling the soles the child withdraws one of its feet more readily than the other ; some days afterward, in repeating the experiment, you find that it is no longer the right leg, for example, which it moves more easily, but the left. It seems, and let me repeat the word, it *seems* as if the paralysis had ceased upon the right side, and passed to the left ; but this is not so. The member primarily paralyzed remains so, but the paralysis not increasing, it retains the movements which you have seen executed more feebly than upon the healthy side ; but the other side, healthy until now, is paralyzed in its turn, and the stroke being more severe than upon the side first-affected, sensibility and power of motion are almost abolished, and it seems now alone affected, while in truth the other is also paralyzed, but in a less degree than the second.

The lesions which we find afterwards at the autopsy give an explanation of this fact ; for if the paralysis has remained limited

to the right side, the cerebral lesion is found only upon the left side, while if the paralysis has seemed to pass from one side to the other, there are cerebral lesions upon both sides, but more marked upon one side than upon the other. I have thought necessary to dwell upon this peculiarity of the paralysis in this affection, for, in my belief, it is seen only in cerebral fever.

Let us return to the *convulsions*. Rare in the first period, occurring in the second only in a modified form and resembling epileptic vertigo, in the third period they make their appearance, first in the form called *convulsions internes* [*inward fits*, in the common language of this country], afterwards increasing to attacks of general eclampsia. If we observe closely a child in this stage of the disease, we see at certain times its countenance is distorted, and its jaws move mechanically as if chewing, while its thumb and fingers are flexed into the palm of the hand; to this stiffness complete relaxation succeeds; there has been a true tonic convulsion of certain classes of muscles, and not one alternately tonic and clonic as in general attacks implicating the muscles of the extremities. These are the internal convulsions, having a duration of eight, ten, twelve, or fifteen minutes, during which the eyes are turned upwards and inwards, and agitated by slight oscillations. The diaphragm, and the muscles of the glottis may be seized with these convulsive movements, and then the patient is suffocated—respiration can no longer be performed.

As the disease approaches its fatal termination, *general convulsions* come on, and generally death occurs in one of these attacks; they are repeated every hour or every half hour, and the patient dies in a state of demi-asphyxia, as in epilepsy.

The convulsions are a prominent symptom of the third period of cerebral fever; but in this stage another accident also takes place. The patient, fallen into a state of deep drowsiness, closes the eye-lids but partially; the eye being insensible, the cornea remains exposed to the air, the act of winking is no longer performed, the eye dries, the conjunctiva inflames, and then you observe a deep suffusion of the membrane at the same time that the edges of the lids become bleared. This is also seen in other grave diseases, (typhoid fever, for example,) and it is an accident to which I have often called attention and which I made the subject of a note published in the first volume of the *Archives Generales de Médecine* for the year 1856.

The termination of this disease is, as I have already said in the course of this lecture, always fatal, for the exceptions to this rule are so rare as not to be worth mentioning.

After so sad a prognosis, I should have little to say upon the subject of treatment, since whatever we do is in vain. Nevertheless you have seen me resort to remedies in the case of the little child whose case we are considering. I instituted treatment, not with the expectation of rescuing it from its fate, but to afford some consolation to the mother. Is it not in fact cruel to say to a mother who calls you to her child, or if not to say it in words to indicate by your actions, that medicine is powerless, and that her child is doomed to certain death? Although, therefore, the physician, instructed by long experience, is unable to see a glimmer of hope, he should act, he should undertake the case, and apply all the means at his disposal to sustain the courage of a family which implore him for aid, and not leave them to the bitter regret that nothing was done to save their child.

For a long time I have employed everything in the treatment of this disease, everything extolled by others, everything which, upon my own part, I had been able to imagine. I have given calomel in large doses, and I have given it in minute ones; I have had recourse to drastic purgatives and to sedatives; I have administered the iodide of potassium as recommended by Otterburg; I have applied large blisters to the head, I have applied ice and cold affusions, and never, except in two cases, have I seen the disease retrocede, and in those two cases I am confident my remedies had nothing to do with the result. Farther, at the children's hospital I have treated the patients comparatively, some energetically and some upon the expectant plan, and I must say that the fatal event followed more rapidly in the former than in the latter. Now, therefore, I feel obliged to pursue a course of medication far from energetic, and designed, I repeat, rather to afford consolation to the parents than to act against a disease which I consider invariably fatal.

Thus you have seen me give our little patient musk and syrup of ether, and nothing else. In other cases, you may try antispasmodics, or the mercurials in small doses; but, remember, the prognosis must nevertheless remain the same.

It suffices to see the lesions produced in cerebral fever to comprehend why the prognosis should be as I have said. Our little

patient died, and these are the pathological conditions found at the autopsy: considerable softening of the cerebral centres, of the fornix, of the corpus callosum, of the medium septum and floor of the ventricles; these cavities contained a certain quantity of slightly turbid serum. About the chiasm of the optic nerves, behind the decussation, a fibro-plastic, *purulent* infiltration was seen in the thickened membranes. This infiltration did not exist in the interlobular fissures, where it is usually observed, and what is also very rare, there were neither *granulations* on the surface of the hemispheres nor *tubercles* disseminated through its substance. Neither were there any in other organs where they are almost constantly found—none in the mesenteric ganglia, none in the lungs, none in the bronchial glands; and yet of thirty infants dying of cerebral fever twenty-nine will present tubercular lesions, of which, in this child, there is not a trace.

This proves once more that cerebral fever runs the same course and has the same characteristics in children not tuberculous as in those who are so. Because we find granulations in the encephalon of the latter, it does not prove that those granulations were the cause of the encephalo-meningitis. They do not cause it any more than do the granulations of the pleura cause tubercular pleurisy; far from having caused the inflammatory disease, they are themselves developed under the influence of inflammation. If, therefore, I refuse to cerebral fever the name of meningitic, it is because I consider the inflammation of the meninges to be only of secondary importance. The lesions of the cerebral envelopes are of very far less importance than those astonishing lesions which are always found in the brain itself, that softening which destroys the fornix, the septum lucidum, the corpus callosum, the optic thalami and the posterior portions of the lobes of the cerebrum. Cerebral fever is therefore for me an encephalo-meningitis.

The Phychiatric Physicians of the Hospitals of Paris.—The physicians and surgeons of the hospitals of Paris are expected to retire at the age of sixty-five; an exception has lately been introduced in favor of those attached to the hospitals for the insane; these physicians may now hold office up to their seventieth year.—*London Lancet.*

Reviews and Notices.

ANATOMY : DESCRIPTIVE AND SURGICAL. By HENRY GREY, F.R.S., Lecturer on Anatomy at St. George's Hospital. The drawings by H. V. CARTER, M.D., late Demonstrator of Anatomy at St. George's Hospital. The Dissections jointly by the Author and Dr. Carter. With three hundred and sixty-three engravings on wood. Philadelphia: Blanchard & Lea. 1859.

This new work on Anatomy is a very elegant volume of about seven hundred and fifty pages, gotten up in most attractive style. The paper, beautiful typography and fresh illustrations altogether make Grey's Anatomy one of the most agreeable books for perusal that has issued from any medical publishing house during the season, to say the least.

The English edition of this work has not yet come under our notice, but we observe, in some of our cotemporaries, that it has been made the subject of extensive and severe criticism on account of unpardonable inaccuracies that the author had permitted to remain unobserved; and we infer, from the American publisher's notice, that the issue of this edition was somewhat delayed to supervise and correct these errors, while passing through the press. There seems, at any rate, to be a cordial agreement that the edition of Blanchard & Lea is altogether superior to the original London edition.

Aside, however, from these inaccuracies, which appear to have been mainly typographical, Grey's Anatomy is a very beautiful work, and will prove highly acceptable to the general student, and particularly the anatomist.

The various points illustrated are marked directly on the structure; that is, whether it be muscle, process, artery, nerve, valve, etc., etc.,—we say each point is distinctly marked by lettered engravings, so that the student perceives at once each point described as readily as if pointed out on the subject by the demonstrator. Most of the illustrations are thus rendered exceedingly satisfactory, and to the physician they serve to refresh the memory with great readiness and with scarce a reference to the printed text.

The surgical application of the various regions are also pre-

sented with force and clearness, impressing upon the student at each step of his research all the important relations of the structure demonstrated.

These two points—the manner in which the illustrations are presented, and the surgical applications—are perhaps the most important novelties of this new work on anatomy; but in all respects it is a very attractive work, and will meet with general favor with the profession.

For sale by R. Clarke & Co. Price, cloth \$6.25, sheep \$7.00.

A DICTIONARY OF PRACTICAL MEDICINE: Comprising General Pathology, the Nature and Treatment of Diseases, Morbid Structures, and the Disorders especially incidental to Climates, to the Sex, and to the different Epochs of Life; with numerous Prescriptions for the Medicines recommended, and Classification of Diseases according to Pathological Principles, a Copious Bibliography, with References and an Appendix of approved Formulæ: the whole forming a Library of Pathology and Practical Medicine, and a Digest of Medical Literature. By JAMES COPELAND, M.D., F.R.S., Senior Physician to the Royal Infirmary for Diseases of Children; Member of the Royal College of Physicians, London, etc., etc. Edited, with additions, by CHAS. A. LEE, A.M., M.D., Professor of Materia Medica and General Pathology in Geneva College, etc, etc. In Three Volumes. New York: Harper & Brothers, Publishers, 329 and 331 Pearl street. 1859.

The American reprint of this great work, edited by Dr. Lee, is at last completed in three volumes. The third volume contains over sixteen hundred pages. It is certainly the most complete work in the English language. It will serve as a lasting monument to the industry, scholarship, talents and medical ability of its distinguished and learned author. When we look over the three ponderous volumes it is difficult to believe that one man could find time, amidst the cares and troubles of a large practice, to write them; yet such is the fact. The author assures us that every article—indeed, every line—was written by himself.

The bibliographical references appended to each article are large, embracing writers on the given subjects in all languages. No library can be complete without this great work. To our readers with limited means and a small library, we heartily recommend this great dictionary. No one will be disappointed with it. It is a great mine of medical knowledge; indeed, it fulfills all that is claimed for it in the title page. The profession the world over owe Dr. Copeland a great debt of gratitude. Dr.

Lee, the American editor, seems to have fulfilled his duty well. He has added much valuable matter, with a great many bibliographical references of great value. His task has been no light one. There is so much to praise in this great dictionary of practical medicine, and so little to censure, that we again repeat our advice to all, to buy it. It is offered in two styles of binding—cloth and sheep; that in cloth at \$5.00 per volume, and that in sheep at \$5.50 per volume. For sale by Robert Clarke & Co.

ELEMENTS OF MEDICINE: A compendious view of Pathology and Therapeutics, or the History and Treatment of Diseases. By J. HENRY DICKSON, M.D., LL.D., Professor of the Practice of Physics, in Jefferson Medical College, Philadelphia, etc., etc. Second edition, revised. Philadelphia: Blanchard & Lea. Pp. 768.

A favorable judgment having been passed on the first edition of this work by the profession, we have but little to say in the brief space allotted of this, the second edition. The author, in the preface, tells us that he has "endeavored to supply the defects pointed out in the first edition, to remove redundancies indicated, and to correct such errors as were commented on by friendly critics, or discovered on our own part after the most careful revision."

The book is well suited for students in attendance at a course of lectures. The practitioner will also find it useful as a book of reference. We think the author covers too much ground in too small a space: in other words, it is impossible to discuss many subjects well, or with satisfaction, in so short a space. Students, however, will find it a useful book.

It is for sale by George S. Blanchard. Price \$3.75.

URINARY DEPOSITS: Their Diagnosis, Pathology and Therapeutical Indications. By GOLDING BIRD, M.D., F.R.S. Edited by EDMUND LLOYD BIRKETT, M.D., Caius Coll. Cantab., etc., etc., etc. A new American from the fifth London edition, with eighty illustrations on wood. Philadelphia: Blanchard & Lea. 1859.

Dr. Golding Bird's work on Urinary Deposits has been familiar to the profession for about fifteen years. It is a work of patient research and much learning, and altogether clothed in a style of elegance and pleasant distinctness. It has now passed to its fifth English edition, of which this is the American reprint.

It may, therefore, be regarded as established in the confidence of the profession as a work of reliability and authority.

For the benefit of such as may not be familiar with Golding Bird's book, we make the following brief synopsis of its plan. Fourteen chapters make up the volume, wherein are discussed the following general topics: Chemistry of the urine; Physiological origin and physical properties of urine; Chemical physiology; Chemical pathology of uric acid; Of uric oxide; Of purpurine; Of cystine; Of hippuric acid; Of oxalate of lime; The earthy salts; Abnormal pigments; Non chrystalline organic deposits; Therapeutic action of remedies influencing the action of the kidneys; Blood depuration by the kidneys as a remedy in disease.

These general headings indicate but faintly the extent of topics embraced in the body of each chapter. All the varieties of urinary deposits are discussed, indicating their pathology and therapeutics. Eighty wood-cut illustrations exhibit the microscopic appearances of these various deposits, while many of the most important propositions are fully illustrated by cases in point.

Dr. Bird being deceased since the last edition, the present is edited, with great care and judgment, by Dr. Birkett, who pays a just and generous tribute to the memory of the author.

For sale by Robert Clarke & Co.

BRAITHWAITE'S RETROSPECT OF PRACTICAL MEDICINE AND SURGERY. Part XXXIX.
July, 1859. New York: W. A. Townsend & Co., 46 Walker street.

We are in prompt receipt of this old established reprint, bringing up a full résumé of the progress of medicine and surgery to the middle of this current year. Amongst the large amount of valuable matter contained in this number of Braithwaite we find a temperate but strong view of the merits of Homœopathy, which will well repay the reader, and is particularly commended to the non-professional believer in infinitesimals. Other excellent things are noted for future reference. The American edition of the *Retrospect* is published as above, by W. A. Townsend, of New York, and on sale by all respectable booksellers, at \$2.00 per annum.

Rankin's Abstract for July is issued, but as yet is not received at this office.

Editor's Table.

"Free Medical Schools."—In a recent number of the *Virginia Medical Journal* we find an appreciative and rather flattering—some may fancy, perhaps, rather too extravagant—notice of Prof. A. H. Baker, his college, his "*Medical News*," and his modest, though patient, efforts to establish the cause of free medical education. We only allude to the matter for the purpose of correcting Drs. McCaw and Otis in one particular. "The Buckeye State" is looming up in very stately proportions, and undoubtedly has a very enlarged capacity for the production of greatness; but we are not so egotistical as to claim the credit of all the BAKERS, CRUMES, SWANDERS, SPENCERS, *et id omne*, of the "distinguished faculty" above alluded to. We suppose it doubtful if any of the blood of the F. F. V's. is represented therein, but we must not at any rate rob our Hoosier neighbors of their fair porportion of laurels.

B. F. Palmer—His Artificial Arm.—We were recently gratified with a visit to our sanctum by B. Frank Palmer, Esq., well known as the very successful and ingenious maker of Palmer's patent legs. He showed us the new *artificial arm* which he has but lately brought to comparative perfection, and which received such hearty commendation from Professor Mütter shortly before his death. We have rarely seen anything in the way of mechanical ingenuity that so completely answers the purpose intended as does this invention the purposes of an arm. Almost every use of an arm and hand is fulfilled; grasping, lifting, the use of the pen, knife and fork—indeed, all the ordinary motions and uses of an arm and hand are met with ease. We could not but congratulate Mr. Palmer on his happy success. Any one wishing to make inquiries concerning this arm, will be politely responded to by Mr. Corliss, at Marsh, Corliss & Co.'s truss and mechanical supports establishment, No. 5 Fourth street, near Main.

Dr. S. Hanbury Smith—So well known in this valley for his zeal in the introduction of mineral waters into regular professional use, has recently established an office and laboratory in New

York City, of the same character as that in such successful operation in this city, for Kissengen, Carlsbad, etc., etc. We observe, by the way, he has been engaged lately in enlightening our Gotham friends upon the causes of the bad taste and odor of the Croton water.

"Sensation Answers to Correspondents."—Certain of our contemporaries are in the habit of making a great display of items to and from, and concerning correspondents—their cordial sympathy and admiration for each other, etc., etc., etc. Much of this is rather puerile, even when genuine; but then we have supposed that, like measles and whooping cough, it was incident to the period of life, and would doubtless disappear with more maturity. Still, as we must occasionally have our laugh at the follies of youth, we quote the following very clever hit from the *Louisville Semi-monthly Medical News* :

B. G., Brussels.—The irregularities have been unavoidable. Our five-fly press will now strike off thirty thousand copies a second; printing, stitching, binding, and superscribing included. You need not be apprehensive for the future.

A. S., Montebello.—Thank you for your flattering opinion. We prefer the electric knife and fly-wheel saw for amputation on the battle-field.

J. S., San Francisco.—The usual period of utero-gestation is nine months.

A. G., Metz.—There is but one State in the Union, one city in the State, and one Medical College in the city. The University rooms can accommodate four thousand students.

M. R., San Antonio.—Our journal is the only channel through which Professor Blow's inimitable lectures are allowed to flow into the world's sea. They will soon be dramatized.

R. V., Hoboken.—Can not insert your communication. You have many journals in your own city. Select one of them.

A. F., London.—Yours, inclosing thirty dollars for ten years' advance subscription, has been received and contents duly credited. Thank you for your appreciative benefaction.

T. S., Hamilton, Canada.—You are right in stating that our city stands pre-eminently predominant in medical literature, and that it is the "only city in America suited for medical teaching." There is an obscure but pretentious village in a State called, we believe, Pennsylvania, which has been aspiring to position in this respect; but its reputation is entirely local.

B. G., Surgeon-General in the Allied Army in Italy.—"Send twenty-five copies of your *sine qua non* to headquarters. We might as well think of going to battle without ammunition as into surgical practice here without your indispensable journal." They shall be sent as desired. We are glad to find that our efforts to issue a journal worthy of this great and glorious country are appreciated in such exalted quarters. *Aut Caesar aut nullus*, is our motto.

E. S., Panatomoha, Miss.—Copies have been forwarded to your several students. They have determined wisely. The obstetric clinic alone offers one case every three minutes, and the sole charge of it has hitherto devolved on the erudite professor who conducts it. Such labors require superhuman effort; and were it not that a Supreme Being for wise and beneficent purposes has sustained his giant physical and intellectual powers, he would have long since fallen a victim to his love for the profession and devotion to medical students.

— —, *Pawncetown, Iowa.*—Please write more legibly. We can not decipher your initials, and will not therefore venture to insert what we suppose them to be. Some have already complained that none such as we have given are to be found in the places named, and some even assert that there are not such places in the State as we acknowledge receipts from. These complaints could not occur if our correspondents would write plainly.

✂ Five dollars per number will be cheerfully paid for any copies of our journal issued in 1857. The demand for them from new subscribers renders this offer imperative.

Will some of our eastern contemporaries please copy?

A General Catalogue for the Medical College of Ohio.—We are frequently inquired of for catalogues of the current year for the Medical College of Ohio, and occasionally for a general catalogue of the alumni of the school. We are sorry to say that no general catalogue has ever been printed; there should be, by all means, and we think there would be if the alumni would urge the matter with some earnestness and concert. The graduates of the Medical College of Ohio are now scattered all over the Union. Many of them have reached positions of honor in the profession; while hundreds of them are the laborious, useful and esteemed representatives of medicine, settled in every direction throughout this great valley. It would require some patient labor to compile a complete catalogue of this character, giving the present localities of the alumni, but we doubt not there would be a ready and hearty coöperation in this matter that would accomplish the matter without great trouble or delay.

— Prof. S. D. Gross has been elected a corresponding member of the Imperial Academy of Medicine of Vienna.

Lithotomy per Rectum.—Dr. Louis Bauer, of Brooklyn, New York, performed this operation on the 18th July, extracting a calculus two inches long. Dr. Sims, who has had such great success in the treatment of vesico-vaginal fistula, closed the incision by the silver suture. The operation proved successful.

—Prof. Charles H. Pope, of St. Louis, has performed the operation of ovariectomy five times. Three of the cases recovered, and two died.

Gaz. Hebdomadaire de Medicine et de Chirurgie.—This excellent French weekly comes to us with great regularity. We are pleased to see that it holds American contributions to medical science in due appreciation.

Dr. Rea.—We have neglected to state that Dr. Rea, of Oxford, Ohio, and formerly Demonstrator of Anatomy in the Medical College of Ohio, has been elected to the chair of Anatomy in the Rush Medical College, at Chicago.

A Good Location for Sale.—Dr. J. Sigafos, of West Milton, O., desires to dispose of his property and drug store. See his advertisement. This will afford a fine location for some one who desires to unite the drug business with the practice of medicine; and we can personally assure any one interested that there is a bargain in the place.

NEW BOOKS.—After somewhat of a season of quiet in the medical book publishing world, quite a number of new books, and new editions of old ones, find their way to our table.

Copeland's Dictionary of Practical Medicine—Is one of these, which is at length issued in full, from the press of the Messrs. Harpers, of New York, and may be had in this city through Robert Clarke & Co., their western agents. It makes three superb volumes, a fine addition to the medical library, and an unfailing work of reference for the medical student and practitioner. In proper place will be found a brief book notice, in more regular form.

Gross' System of Surgery.—This work from Professor Gross has been anxiously expected for some months, and is now out and for sale by all the principal booksellers; in this city it may be found at Rickey, Mallory & Co's. It is comprised in two huge volumes, intended to be a full work of reference and guide to the general practitioner.

Grey's Anatomy, Descriptive and Surgical.—This is another new book of the season, a reprint of a new English work, but most attractive and acceptable in style and manner. See book notices.

Durkee's Book on Gonorrhœa and Syphilis.—Here is another American book, already favorably received and noticed; it has been on our table for some weeks, but we have not space this month to do it justice.

Then we have new editions of *Golding Bird's* work on *Urinary Deposits*, *Headland on the Action of Medicines*, a little book by Dr. Reeves on *Enteric Fever*, etc., etc.

Other new books we notice are in the hands of publishers and will doubtless soon make their appearance.

Lindsay & Blakiston's annual *Physician's Visiting List* for 1860 is already on our table. Those who have heretofore used it would hardly know how to get along without it.

PAMPHLETS.—Quite a number of these have accumulated on our table, which we have failed to notice from negligence and want of space. Amongst these we may notice, first, a new journal:

The Dental Cosmos.—This is a new name, style and order of publishing, but not a new journal proper. It is the first of a new monthly series, and takes the place of the *Dental News Letter*, which was quarterly. It contains 56 pages, at \$2.50 per annum.

Dental Register.—And this also reminds us that our worthy and enterprising neighbor, the *Dental Register*, of this city, has become a monthly, instead of a quarterly. It now contains 64 pages monthly, at \$3.00 per year.

History shows that the Quarantine Laws are Futile.—This is an essay by our old friend Dr. Casselberry, of Evansville, Ind., and is to be found in the August number of the *Nashville Journal of Medicine*. It is an effort to prove the truth of his proposition by an extensive research in the regions of ancient and modern history. It displays the usual learning and ability of its author.

Introductory and Annual Announcements.—Quite a number of these annuals have come to hand, but for the most part have been "lost or strayed" before we are ready for this notice. Before us, however, we take up, first, *Introductory Addresses* at the opening of the medical department of the *University of the Pacific*. These consist of a salutatory to the board of trustees by Hon. G. Barstow, with a reply by the Rev. Dr. Jesse T. Peck on behalf of the board. Then the introductory proper, by Prof. Barstow, with a final

brief address by Mr. Cutter. The introductory by Hon. Mr. Barstow is most excellent and appropriate. These Californians have pushed their new enterprise with energy, and we doubt not it will be crowned with due success. The first term opened May 5, 1859.

Catalogue of the Literary and Medical Department of the University of Nashville.—Our friends at Nashville are worthy of notice from the success with which they have built up one of the prominent medical schools of the country; but we notice this catalogue before us especially to compliment the authorities of the school on the neatness and tastefulness displayed. It is a handsome pamphlet, and gives, in handsome style, a view of the building and grounds of the military and literary department, a view of the edifice of the medical department, and a view of the Tennessee State Hospital. This catalogue gives in itself the evidence that our Nashville neighbors deserve the success they have achieved.

An Essay on Intermittent and Bilious Remittent Fevers, with their Pathological Relations to Ozone.—This essay, by Dr. E. S. Gaillard, formerly of Florida, now of New York city, has been sent to us by the author, who will please accept our acknowledgements. It appears to have been originally prepared as an inaugural dissertation, by the author, as candidate for graduation in the Medical College of the State of South Carolina, and that it was awarded the annual premium. Although prepared with evident care, the views advanced in this essay are not of sufficient novelty to merit particular notice. We have heretofore had very practical contributions by Dr. Plummer, of Richmond, Indiana, upon the relations of ozone to disease, and only in our last issue Dr. Harvey, of Indiana, enters into the consideration of atmospheric phenomena and their pathological relations, with unusual minuteness and philosophy.

Transactions of the Indiana State Medical Society.—The 10th annual session of the Indiana State Medical Society was held in the city of Indianapolis, May 17 and 18, 1859. We have been kindly furnished with the transactions already published. They contain, besides the business proceedings: first, the excellent address of Dr. T. Bullard, the retiring President—his topic, *The Physician, his trials and reward*. We listened to the delivery of this address with great pleasure, and find a renewed gratification in its

perusal; next following in succession, Dr. Fishback's report on medical education, Dr. Haughton's paper on the treatment of syphilis without mercury, Dr. Ayres' report on obstetrics, a case by Dr. Harvey, Dr. Meeker's report on fractures and false joints, being a continuation from last year, Dr. West's report on microscope, two surgical cases, by Dr. Winter, and finally an obituary memoir of Dr. Nathan Knepler. The Indiana Society is a working fraternity.

Sundry Papers on Medical Education.—By CHARLES FISHBACK, M. D.—These papers are the contributions, from time to time, of Dr. Fishback to the Indiana State Medical Society. Dr. Fishback is prominent as a persevering and zealous advocate for reforms and progress in medical education. Some of his plans are perhaps somewhat ultra, but if so, his extreme is in the right direction; besides, thought begets thought, and the result will be a wise one. We have heretofore noticed more at length the reports of Dr. Fishback as made to the Indiana State Society.

Proceedings of the Sixty-seventh Annual Convention of the Conn. Medical Society.—And now last, but by no means least, we take up the transactions of the Connecticut Medical Society for the year. Its sessions were held May 25th and 26th, at Middletown, where was held the first session of the society in 1792. The first paper in the transactions is the annual address of the President, Dr. Ashbel Woodward, which we have read with much pleasure and interest. It is a history of the formation of the State Society, embracing early reminiscences of medicine in Connecticut, and incidentally in America. We find brief allusions to the first efforts in medical teaching in this country, and the first organized school of medicine (according to Dr. Woodward the first public attempt to give medical instruction in this country) was a series of anatomical lectures by Dr. William Hunter, of Newport, R. I., a relative of the celebrated Hunter of London; this was in 1754. The anatomical lectures of Dr. William Shippen, of Philadelphia, and which were the nucleus of the medical department of the University of Pennsylvania, subsequently, were in 1762. A medical college was organized in New York city, with a full faculty, in 1768 and 1769. Next, Dr. John Warren gave anatomical instructions in Boston in 1780, and a medical faculty was organized in connection with Harvard University in 1782. A large number of valuable papers make up the volume.

OUR ADVERTISING DEPARTMENT.—There are some new cards, and some changes in our old ones, to which we call the attention of our readers.

John Keeshan, Druggist.—We neglected last month to call attention to the card of Mr. Keeshan. He has stood A No. 1 amongst the druggists of this city for years. Our friends may rely with confidence upon anything that comes from his establishment.

H. J. Wilson—Leeches.—We call the attention of our readers to the card of Mr. Wilson. He is prepared to attend to the application of leeches personally and with promptness, and keeps a constant supply on hand, for sale in quantities large or small.

T. W. Sprague & Co.—Clothing.—This old established and popular clothing and gent's furnishing goods house has been removed to the fine new building opposite the post office, corner of Fourth and Vine streets. It is the finest store of the kind in the city.

Editorial Abstracts and Selections.

PRACTICAL MEDICINE.

1. *Raw Meat in Diarrhœa.*—Our readers have, doubtless, not forgotten the interesting history of the two little twin daughters of a wealthy Mulhouse merchant, who had been reduced by unconquerable diarrhœa to the last grasp of life, and who, fed with the pulp of raw meat, returned, in a few months, to a state of perfect and robust health. Many facts have since then confirmed our confidence in the value of this Russian mode of treatment. Mr. Trousseau never allows an opportunity to escape of recommending it, and of pointing out the best manner of rendering it both useful and acceptable.

The meat best adapted to the purpose is the fillet of beef; some patients, however, prefer the centre part of mutton chops. It should be cut fine, pounded in a mortar, and strained through a sieve or cullender. The pulp, thus separated from the cellular texture of the muscular substance, is then gathered with a knife, and rolled in salt or powdered sugar, or mixed with currant-jam.

One of Mr. Trousseau's grandchildren would take it only when with racahout, a farinaceous compound of cocoa, ground rice, and potato-flour, sweetened, and flavored with vanilla. Mr. Trousseau causes it sometimes to be rolled into small salted balls, of the size of a hazel-nut, or in little oblong gobbets, which may be administered in soup, to the number of thirty or forty, equivalent to four or five ounces of meat pulp. In grown persons, and particularly with ladies, the physician will probably meet with a repugnance, which he must overcome by concealing the repugnant character of the medication. For this purpose, some appearance of cooking may be imparted to the food, by exposing a thick slice of the meat, for twenty minutes, to the action of a brisk fire; its surface is thus roasted, the interior parts remaining raw, and being then treated as we have said. Mr. Trousseau has thus caused to be prepared by Mr. Mialhe (one of the principal apothecaries of Paris) meat-pulp combined with confection of roses, destined for delicate stomachs, which is taken without disgust, and even with pleasure, under the agreeable denomination of *Damascene Preserve*.

In children, the dose of raw meat, the first day, should not exceed $2\frac{1}{2}$ drachms in four meals. It may be doubled on the second day, and on the third attain eight drachms; and so on, without any other additional food than albuminous water. It is easy to measure with precision the quantity administered daily, by means of a small balance and the current coins, the weight of which is well known, the franc being equivalent to one drachm, and the five-franc piece to six drachms. The dose may be carried as far as ten or twelve ounces, and the children gradually recover their good looks, their plumpness, and spirits. At the end of a month or six weeks, when diarrhœa has entirely ceased, the quantity of raw meat can be gradually decreased, and broth or underdone eggs can be substituted, so as to reduce the dose of meat to three or four ounces daily.

It is necessary to be aware that, at first, when already the nature and abundance of the diarrhœa has undergone a favorable change, the motions are red and fœtid. In one of the little Mulhouse patients we above referred to, this animal diet appeared to have occasioned the development of tape-worm, a parasite commonly met with in Abyssinia, where the natives feed on raw meat;

but this kind of nutriment not being so long persevered in, generally, as was the case in the instance of the little girl alluded to, this circumstance must be considered exceptional, and cannot counterbalance the decided benefits yielded by the Russian method of treatment in cases of chronic disturbance of the bowels, and especially in the unconquerable diarrhoea which children are subject to in their second year.—*Dublin Hos. Gaz.*, April 15, 1859, from *Journ. Pract. Med. and Surg.*, Paris.

2. *Dependence of Tape-Worm on the use of Raw or Underdone Meat.*—The interesting discoveries of Von Siebold and of Küchenmeister, and their speculations as to the various modes in which the ova of intestinal worms enter the human body, induced Dr. J. Barclay, Physician to the Leicester Infirmary, to inquire of all his tape-worm patients, during the last twelve months, whether they were fond of meat so underdone as to be a possible vehicle of germs. In every one of the ten cases observed by him, he ascertained that not only underdone, but really absolutely raw meat had been eaten. In some instances the fact was only elicited by cross-questioning, in others it was at once acknowledged.—*Med. Times and Gazette*, March 26, 1859.

3. *Dr. E. D. Fenner's Treatment of Yellow Fever.*—The following letter, written by Dr. Fenner just on the eve of his departure for Europe, embraces his plan of treatment of yellow fever. We copy his views in full :

I repeat what has been said before, that I think we have in the veratrum viride and chlorine mixture medicines which are fairly entitled to be considered remedies for yellow fever. They will at least fulfill the following indications, viz.: *completely control febrile excitement, and keep up the secretions of the liver, kidneys, and skin.* Now these are not all the indications that are presented in yellow fever, but they certainly are the principal ones, and those to which our remedies are chiefly directed. If the febrile excitement be very moderate, the veratrum viride will hardly be called for. My directions, in brief, are as follows :

At the commencement of the attack order a hot mustard foot-bath and evacuate the bowels with a mild cathartic, such as castor oil, citrate of magnesia, or Seidlitz powders. If the stomach

be irritable, with bilious vomiting and a coated tongue, give a gentle emetic of ipecac, or salt and mustard.

After this, if the fever be high, give five drops of the V. V. in a little water every four hours, until the pulse be brought down to seventy, when the V. V. will be stopped, or the intervals between the doses prolonged, so as to keep the pulse at seventy. At the same time begin with the chlorine mixture, and give two table-spoonfuls every four hours—thus, V. V. at 2, chlorine at 6; V. V. at 8, chlorine at 10, etc. If the fever be moderate from the first, the V. V. may be dispensed with, and the chlorine alone relied on and given more frequently, say every second hour. These doses are for adults. Children, even suckling infants, bear the chlorine well, but the veratrum viride should be very cautiously given to them.

The repetition of foot-baths, sinapisms, spongings, enemata, etc., must be left to the judgment of the practitioner. I have no doubt that quinine in some way would be a valuable adjunct to these remedies, but I will not direct it at present.

The following is the chlorine mixture :

℞ Acid. hydrochloric,
Aqua distillata, aa, f℥ ij Mix, and add
Potass chlorat., ℥ ij.

Let this be labeled, and kept on hand. For use, prescribe as follows :

℞ Chlorine mixture, f℥ ij.
Aqua distillat., O j. M.

S. Give two table-spoonful every two or four hours, *pro re nata*.

For drink I like orange-leaf tea, lemonade, barley-water. *Covering*—generally one blanket. Do not rise up in bed after the first day until fairly convalescent.

With these two remedies as my main dependence, in twenty-five cases of the bad epidemic last year I lost only two: one a pregnant lady, who was delivered at the critical stage of the fever; the other a very delicate lady, with no recuperative energy.

Dr. W. E. Kennedy told me he treated fifteen cases with these remedies, and lost but one.

Dr. C. Beard treated eight cases, and lost none.

Dr. S. Choppin treated eight cases, and lost one.

Other physicians told me they had tried these remedies with

happy effects. I hope others will try them, if yellow fever should again appear in any of our cities or villages.

Yours, faithfully,

E. D. FENNER.

On board steamer R. J. Ward, Mississippi River, May 16, 1859.

—*New Orleans Med. News and Hospital Gazette.*

4. *Chloroform in the Treatment of Itch.*—Professor Back reports the great advantage that has resulted from his treatment of itch by painting the surface with chloroform. Not only does the chloroform act beneficially by killing the acari, but by relieving the irritation of the skin which has been induced by scratching. The painting of even large surfaces was unattended with ill effects, and the temporary burning sensation produced was very supportable compared with the itching which it superceded.—*Med. Times and Gaz.*, Jan. 15, 1859, from *Schmidt's Jahrb.*, No. xi.

5. *The Use of Opium in Mania.*—In the April number of the *American Journal of Insanity* we find a very interesting article on the use of opium in mania. The article, although long, is itself a synopsis of a fuller article by M. Le Dr. Legrand du Saulle.

“As long ago as 1851 his own attention had been given especially to the subject of this remedy, at the Lunatic Asylum of Dijon, then under the able direction of Dr. Dumesnil. ‘So often,’ says he, ‘did I witness its curative powers, sometimes even in cases of chronic mania which had resisted all the ordinary appliances of therapeutic skill, as to become deeply convinced that this remedy must hereafter hold an important place in the treatment of maniacal excitement.’

“Before proceeding to the recital of cases, our doctor lays down his grand rule for the use of opium in insanity. No good can be expected from this drug, unless its administration is followed at first by an aggravation of the symptoms. In no instance has he known the narcotic agent to fail when the patient under its influence has manifested such aggravation. If depression, and not excitement, follow the prescription, it must be discontinued. The use, under such circumstance, will be injurious. It was in daily increasing doses that Dr. Dumesnil and his assistants were in the habit of administering opium.

These views, as given at length in the original paper, are illus-

trated by the detail of several cases in which this agent had been used, and its successful results related. The following case will, perhaps, as well as any, exhibit these results :

"M. F., aged 44, is a trader in a little town of the Côte d' Or. The loss of a beloved daughter, and other troubles, had been followed by despair and madness. He entered the asylum April 27, 1858. His treatment dates from the first of May. He is violently excited—talks, sings, shouts, thinks himself a bishop, and bestows his benedictions upon everybody. Being questioned, he says his head is squeezed by an invisible vice, and that the thunder all comes from his brain. A fresh bath for two hours.

"May 2d, a bottle of Seidlitz ; . . . 3d, dose of opium, five centigr. [about equal to one grain] ; . . . 5th, increased excitement, seven and a half centigr. ; . . . 7th, more and more excited, seven and a half centigr. ; . . . 9th, F. this morning struck one of the nurses and tore his clothes, twelve and a half centigr. ; . . . 11th, fifteen centigr. ; . . . 13th, three persons, with some difficulty, put him in the strait-jacket, seventeen and a half centigr. ; . . . 15th, excitement still increasing, twenty centigr. ; 17th, indescribable agitation, twenty-two and a half centigr. ; 19th, same condition, twenty-five centigr. ; . . . 21st, the medicine is stopped ; . . . 27th, the jacket is taken off, and he is walking in the court tolerably calm ; he has filled his pockets with little stones, which he considers very valuable ; . . . 31st, after some time in the bath he came out perfectly calm. June 6th, reason nearly restored ; . . . 15th, better and better ; works in the garden ; . . . 20th, our convalescent feels sad ; he begins to be anxious about his business, and wishes to see his wife ; . . . 27th, Madame F. came to see her husband, and had a long talk with him. F. told her he would not leave the asylum until the doctor was fully convinced of his cure. July 15th, F. leaves the asylum in a perfectly satisfactory condition, both physical and mental."

In some of the cases the quantity of opium was carried up as high as thirty to thirty-five centigr. before it was stopped—equal to about five to seven grains.

More than forty insane persons recovered their reason, in the year 1859, at the asylum in Dijon, under the use of opium. In reference to the employment of this article, Esquirol makes the

following statement: "A young person was cured of her insanity by swallowing an unguent that contained at least twenty-four grains of opium. The circumstance attracted the attention of medical men to the efficacy of narcotics in mental disease. They do not answer for plethoric patients. Though Morgagni and Valsalva forbid opium, the latter tells us that he had cured many of mania by giving them an infusion of poppy. Doctors Sutton and Péry have found opium efficacious with maniacs who suffered from thirst and sleeplessness."

SURGICAL.

6. *Case of Ovariectomy—Followed by Death in one Hour.*—Dr. Chas. A. Pope said that, ten days since, he performed the operation of ovariectomy for the fifth time during the past year, and he regretted to state that the case terminated fatally. The patient was a lady from Illinois, æt. forty, the mother of one child now eighteen years old. The tumor was first noticed about three years since in the right iliac region, when it was as large as the fist. The tumor rapidly increased in size, and her health continued to fail up to the time of consulting him. Several physicians had seen and examined her previous to her coming to St. Louis; and when he first saw her, there was a large solid tumor, mostly on the right side, very irregular on its surface, and having a sharp, knotty feel. She was much emaciated; abdomen very large; catamenia regular, and discharge causing no pain except what was due to mechanical obstruction; her respiration was difficult and hurried. Examination caused much pain, and she seemed convinced that unless relieved by an operation she could not live but a very short time—not longer than a month or two. On examining the abdomen, he detected a moveable tumor between the large tumor and the abdominal parietes, the nature of which he could not exactly determine previous to the operation, when he found it in the omentum. He explained very fully the danger of operating, as did also Dr. M. M. Pallen, who saw the case in consultation with him, and after finding her willing and anxious to be operated upon, and knowing that her only chance for life was in suffering an operation, he determined to try ovariectomy. The patient was placed on a table in a room of

equable temperature, and having had her bowels freely moved, was put under the influence of chloroform, which acted unfavorably, prostrating her very much. The operation was commenced by making a free incision from the umbilicus downwards, which disclosed first a large cyst, filled with a dark chocolate colored fluid. After enlarging the incision sufficiently, a very large, irregular tumor, composed of cysts, was removed. The pedicle was large, and mostly torn away, before the ecraseur could be applied. Hæmorrhage was very profuse and mostly venous. Examination showed the tumor to be malignant, which surprised him much—it would have been almost impossible to have diagnosed a cancer before exposing it. The shock consequent upon the action of chloroform and profuse hæmorrhage was very severe, and death seemed imminent. The wound was rapidly closed by means of twisted suture, and the patient placed in bed. Vomiting very soon supervened—pulse got very small and weak, and she died one hour after operation. Death was caused by the combined effect of hæmorrhage and chloroform. He said that he never had death to follow any operation before in less than three days. Of course, if the tumor had been imagined to be malignant, he would not have operated. Of the five operations performed, three have been successful and two fatal.

Dr. M. M. Pallen said, he saw and examined the case with Dr. Pope, and coincided fully with him in the propriety of the operation. He did not think it malignant previous to the operation, and did not believe it would have been diagnosed as such by most physicians. He thought it as justifiable as ovariectomy ever is; for some persons will die from it even under the most favorable circumstances; *e. g.*, a case reported in the last number of the *London Lancet*, by Baker Brown, where death followed the operation in two hours, although the case seemed every way favorable.—*St. Louis Med. Society Reports: St. Louis Med. and Surgical Journal.*

7. *Hernia*.—Operations for the radical cure of hernia are the prevailing mania of the profession just now, and instruments of various kinds are offered in all instrument makers' shops, by which the *manuel opératoire* may readily be effected. This mania is a disease which only attacks a surgeon once, and, having expe-

rienced it several years since, we are at present exempt. We would say, therefore, to our friends, be not in a hurry to perform operations for the radical cure of hernia.

The operations now proposed are essentially that of Gertly, in vogue about twenty years ago. If the effects are slight, it fails of success; if severe, it is dangerous.—*Chicago Med. Journal.*

OBSTETRICAL.

8. *Attempted Abortion and Death from Introduction of Air into the Veins.*—One of the most painfully familiar topics of our current medical experience arises from the familiarity and indifference with which the large mass of community have come to regard the production of abortion; so that everywhere we hear the lament of the honorable physician, of the unconcern with which he is consulted for this purpose by both the unmarried female, who may be supposed to have the more anxious solicitude to hide her shame, and alike the respectably wedded mother, who has no such motive to afford a plausible pretext.

The danger which is associated with these attempts does not appear to be duly estimated even by the members of the profession, in many instances; and popularly a great many expedients, instrumental and medical, are used and regarded as perfectly innocent and harmless. Every now and then, however, we read of and observe sudden and almost inexplicable death to ensue in cases of this kind.

An instance in point fell under our observation within less than a year in this city. We were summoned, about 11½ o'clock P. M. (near midnight), to see a lady, and found her already dead. Upon inquiry, and in the subsequent details of the coroner's inquest, it transpired that she, although a happy wife and mother, had determined not to allow any further additions to be made to her nursery cares. Finding herself, therefore, pregnant, she had consulted one of those dames reputed to be skilled in such matters, and had held repeated private interviews with her for a number of days before her decease. The night of her death her husband was engaged away from home until about 11 o'clock. The servant girl remained up until after 10 o'clock. The husband arrived at home at 11, and found his wife deceased

and the girl and children asleep. Certain instruments were found about the person of the deceased, which indicated that she had made an attempt to throw up a strong stimulating injection into or about the mouth of the uterus. What she actually did is, however, left in some conjecture, but death must have been very suddenly produced, considering the brief time in which she was left alone, and in view of the fact that the girl in the next room was unawakened.

It will be a happy time when this truth shall become impressed upon the popular mind, that whenever a woman places herself in the hands of "abortion procurers," she positively runs the risk of her life in every instance.

The following case, reported by Dr. John Swinburne, of Albany, N. Y., and which we copy from the *Medical and Surgical Reporter*, in full, is in point, and affords some especial light upon the character of danger in these cases, and how death may ensue, and very suddenly:

Miss M. A. S., aged twenty-three, unmarried, was admitted to the house No. 40 Franklin street, for the purpose of having an abortion procured, on or about the thirteenth of March.

It is ascertained that attempts were made, from day to day, to rupture the membranes with a blunt steel instrument. These efforts only produced slight inflammation, softening, and partial separation of the membranes and placenta.

On the evening of the twenty-sixth of March, Dr. J. H. Case was summoned in haste to the above mentioned house, where he found that the young woman had just died. An examination before the Coroner's jury the next morning elicited, among other testimony, the following statements:

Dr. J. H. Case, sworn: Knows Mrs. Masten; was called to attend a patient at her house about six months ago; her given name is Oscillea; her ostensible business is an astrologist. The patient whom I visited six months ago was a young woman; she had inflammation of the womb. Was called by Miss Curry last night at 9 o'clock; said that Mrs. Masten wanted I should call as soon as possible, that a lady there had fainted and was very sick; went to 40 Franklin street, and found Mrs. Masten on the walk; she said she was glad I had come, as the woman was very bad, and she was afraid she was dead; she said it was only an India rubber

that she was using, and that the deceased fell right back dead. Found a body lying on the bed very pallid, and dead to all appearances ; Mrs. M. did not go in with me ; thought it might be a case of suspended animation ; gave her some stimulants, but they did her no good—she was dead ; told Mrs. M. so, and she said, “ Oh, Doctor, what shall I do ? ” The girl Curry then said, wringing her hands, “ What shall *we* do ? ” I told Curry that they could do nothing with her ; Mrs. Masten said to her, “ No, I am to blame ; I shall have to stand it.” She again asked me what she must do ; advised her to throw herself upon the mercy of the law ; she asked me if I didn’t think it best for her to try and escape ; told her that it would be impossible if she undertook it ; she also said it was a bad time for her, as she had no time to fight it out or money to escape ; but that she expected some on Monday, and if she had that she would clear right out in half an hour ; she again repeated that she didn’t know how deceased came to die, as she could show me the instrument, and that it couldn’t hurt her ; went into the bed-room again, and another young lady said she thought deceased was reviving ; wanted me to try and revive her ; Mrs. Masten turned down the bedclothes and produced a gutta percha catheter. [The article was produced and identified.] She said that was the instrument she used, and that it could not hurt her ; also, that it wasn’t the one she generally used ; that it was milder, and the girl’s death surprised her ; that while using it the patient, as she thought, fainted away ; that she tried to fetch her to, and failing, had sent for me ; think it was about nine o’clock when I got to her house ; don’t think that over fifteen minutes had elapsed until I saw the deceased, after being called. Mrs. Masten indirectly asked me to loan her money to escape with ; I found three or four young girls in the house when I first got there ; one of them said that she had got through with her troubles, and that she thought it best for her to get away as soon as possible ; asked her if she was able, and Mrs. Masten said she was all right ; suppose, from what I saw and heard, that all the young ladies were “ in trouble ; ” think I know one of the young ladies I saw there ; believe I prescribed for her some time since.

Assisted by Charles H. Porter, Professor of Chemistry, Dr. C. P. Staats, and my students, Messrs. Mosier and Covell, I made a

post mortem examination fourteen hours after death. The following detailed description is given for the benefit of medical readers.

External appearances of body natural, but very pallid. On cutting through the integuments into the cellular tissues, air was observed to issue from the divided veins in the form of a frothy fluid. On exposing the heart, its right cavities were found to be greatly distended with a spumous mixture of blood and air, and slight compression of the heart was seen to force out bubbles of air from the divided intercostal veins. A thorough examination showed that the jugulars, and the veins emptying into them, even to the small vessels of the brain, were all distended with air.

The uterus was found to be of a dark livid or maroon color at its lateral portions, and its veins and sinuses were so fully distended with air, as to give it the appearance of a bag of angle-worms. The sensation communicated to the touch was analogous to that of varicocele, with the exception that in the latter the tissues are soft and distended with liquid, whereas in the case of this uterus the presence of air was unmistakably manifested by its characteristic crepitus when the vessels were compressed by the finger.

The membranes of the ovum were entire, and contained a normal amount of amniotic liquor, and an apparently healthy female fœtus of about five months' growth, presenting no appearance of decomposition, or any change to indicate death of the fœtus at any period long prior to that of the mother.

On the internal surface of the membranes was a slight exudation of lymph, as from inflammatory action. Externally they were separated from the womb on its right latero-posterior surface, as was also the placenta in part. Beneath the lower border of the latter was an effusion of blood in the form of several small coagula. The os and cervix were open to the extent of two lines, and filled with bloody mucus.

On examining the membranes and their contents, the internal surface of the womb exhibited the following appearances: 1. Slight softening of the tissues; 2. Several abrasions evidently not natural; 3. A perforation communicating directly with the uterine sinuses, about two inches from the cervix, and in the right latero-posterior region. This opening communicated directly with the veins of the broad ligament, and thus with the ascending cava.

The direction of the perforation was parallel with the longitudinal axis of the uterus. All the other organs of the body were in a perfectly healthy condition.

These *post mortem* appearances, conjoined with the description of the young woman's death, can not be accounted for by any other cause than that of "air in the veins." Death occurred while the instrument was in the uterus, and was *immediate*, for the woman mistook *death* for *syncope*.

The point of interest in this case is as to the *manner* in which the air was introduced. Several deaths have been reported from ingress of air into the large veins of the neck, and even the subclavian is liable to the same thing under favorable circumstances, such as tension upon the vein from the subject's position during surgical operations, or by traction upon a tumor during excision, the vein being temporarily *canalized* or prevented from collapsing.

Under all circumstances this canalization of a vein, or its conversion into a rigid tube, is the indispensable condition requisite for the intrusion of air. But this condition is inadmissible in the case of the uterine veins and ascending cava, from the nature of physical laws which govern the movements of the fluids in the body, no less than in inorganic matter.

In the twenty-second volume of *Braithwaite's Retrospect*, on page three hundred and nine, will be found an article by Dr. J. R. Cormack, in which is discussed the possibility of introduction of air into the venous system through the medium of the uterine veins immediately after parturition. He instances the experiments of Legallois upon animals, whereby that author became satisfied of the possibility of the intrusion of air in this way, and by analogy conjectured that many cases of death in the human subject might be accounted for in a similar manner.

He also quotes from Dr. Simpson, of Edinburgh, who reports an autopsy of the body of a female who died after delivery, where the entrance of air through the uterine veins was conjectured to be the cause of death. The examination, conducted carefully, so as to exclude all apparent sources of error, resulted in the discovery that the lower cava, hypogastric, and uterine veins were distended with frothy blood and air.

Dr. Simpson also explains the manner in which air might be

forced into the veins by the contraction of the uterus after having been filled with air, which is not seldom the case. This organ being distended with air, the os tinæ being closed either by its own sphincter or by a coagulum of blood; the uterine veins being large and patulous, and the forcible contraction of the organ—these furnish, in his opinion the mechanism capable of accomplishing the fatal accident. (See *Braithwaite's Retrospect*, xix., page 262.) In the present case no such conditions are furnished, and throwing aside the hypothesis of spontaneous ingress, we are compelled to fall back upon the presumption that the abortionist forcibly inflated the entire venous system, by means of the catheter introduced into the uterus, perforating its parietes, and in contact with the lacerated vessels of that organ. And this presumption is strengthened by the fact that the opinion prevailed, at the time of the coroner's inquest, that abortion might be produced by inflating the space between the membranes and the womb.

The fact of forcible inflation is incapable of proof, there being no third person present at the time of death, and hence no witness. Absolute certainty can only be arrived at from the confession of the guilty woman herself.

MORTUAIRE.

At a meeting of the alumni and students of the Medical College of Ohio, held July 23d, to take action in regard to the decease of JOHN RAPP, M.D., H. E. FOOTE, M.D., was called to the chair, and W. H. TAYLOR, M.D., appointed Secretary. After remarks eulogistic of the deceased by Drs. Foote, S. P. BONNER, T. KEARNEY, W. TAYLOR and J. A. MURPHY, the following preamble and resolutions, presented by Drs. S. P. BONNER, T. KEARNEY and WILLIAM TAYLOR, who were appointed a committee for that purpose, were unanimously adopted:

WHEREAS, It has pleased Divine Providence to call from our midst our late friend and fellow student, Dr. JNO. RAPP, therefore,

Resolved, That in his early death we have lost a friend whom we all admired and esteemed for his many virtues as a man, and the medical profession a member who gave great promise of future usefulness, and one who bid fair, at no distant period, to become an ornament to his profession.

Resolved, That we tender our heartfelt sympathy to the family of the deceased.

Resolved, That we will attend the funeral, at 2 o'clock P. M. to-morrow.

Resolved, That a copy of the proceedings of this meeting be presented to the relatives of the deceased, and that they be published in the *Enquirer*, *Commercial*, *Volksfreund*, and *Cincinnati Lancet and Observer*.

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Original Communications.

ARTICLE I.—*Artificial Respiration in Extreme Narcotism.* By C. G. COMEGYS, M.D., Professor of Institutes of Medicine in the Medical College of Ohio.

About a year ago I was asked to see one of my clients. who, it was stated, had taken a large amount of laudanum. I could not go at once, but sent a prescription for half a drachm each of sulphate of zinc and ipecacuanha.

Two hours and a half elapsed before I saw him, and about four hours from the time he had swallowed, it was now said, two ounces of laudanum. He was stretched upon the floor, cold, livid hue, feeble and small pulse, gasping, stertorous respiration, very slow—only five times a minute, torpor and death-like insensibility. Death was imminent. The emetic had acted, but too much of the tincture had been absorbed for its effects to be of much avail. Artificial respiration seemed to be the only hope: I at once proceeded to practice it. In the meanwhile, however, I had sent for half an ounce of the tincture of belladonna, which was administered as an enema for its reputed antidotal properties. Watching the slow ebb and flow of the tidal air, we made and relaxed our pressure upon the chest. Very soon the pulse improved, and the râles in the bronchia, whose vibrations were plainly sensible to the hand, began to cease.

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Dr. A. H. Baker, who had been called earlier, now came again with a stomach pump. It seemed a very doubtful expedient, owing to the length of time that had elapsed; besides, to attempt its manipulation in so extreme a condition of exhaustion, was hazardous. Nevertheless, as the case was desperate, and this is a popular remedy, the doctor introduced it and washed out the stomach; but only a slight odor of the opiate was sensible. Complete absorption had taken place. The procedure also nearly finished him. We all agreed, now, (Dr. Cooper was also in consultation,) that artificial respiration was the last remedy. This was kept up for *nine hours*, when the patient's consciousness and relief became so complete that he was left to himself.

Marshall Hall's plan was attempted, but did not work well, and was abandoned. The patient was placed upon his back, head slightly raised, tongue drawn forward, and the compression and relaxation carried on by assistants on each side of the chest. I think that the belladonna did not accomplish much, although some effect was seen on the pupil. I have known of its administration without any relief, and where artificial respiration was not employed.

I think, now, having seen employed, without success, electricity, the dash of cold water, flagellation, forced locomotion, and various other expedients, that artificial respiration is a physiological and most reliable remedy.

ART. II.—*Opium in Parturition.* By A. P. DUTCHER, M.D.,
Enon Valley, Lawrence Co., Penn.

Opium is one of Heaven's best gifts to man. It is the most efficient of all known agents to subdue irritation and mitigate pain, and, when properly used, is of the greatest utility in the treatment of many diseases; yet, like every other great blessing, it may be perverted. In this article we propose to make a few remarks on the injury it may do when given during the process of parturition. In the earlier parts of my practice I was frequently in the habit of prescribing opium, not only before delivery, but afterwards. In the first instance it was given to subdue inordinate, irregular uterine action; in the second, for after-pains. I suppose it will not be seriously controverted, by any experienced

practitioner, that opium is useful, nay, sometimes indispensable in both of these particulars. But I am fearful that it would be the fewest number who could say, without some hesitation, "I have never seen any untoward symptoms arise from its administration that could be fairly attributed to its use; and, when given in the guarded and cautious manner I have indicated, not even an unusual amount of drowsiness to supervene: *neither have I ever seen a case of hæmorrhage follow it.*" (See April number of this journal, page 212.)

The gentleman who wrote the above extract is surely a very fortunate practitioner, or his experience must be very limited; for I could not say that such had been my experience, particularly in the latter instance. I could cite several cases of excessive uterine hæmorrhage immediately after delivery, that have fallen under my notice, that I could attribute to no other cause; and for several years I have, in a great measure, abandoned the use of opium during the process of parturition. I am decidedly of the opinion that we had better permit our patient to suffer many pains, than expose her to all the dangers of dying from uterine hæmorrhage.

What is it, I would ask, that prevents every woman from wasting to death immediately after the expulsion of the fœtus? Is it not uterine contractions, the very same agency that accomplished the delivery? And is it any mystery, then, that we should have hæmorrhage, and fatal hæmorrhage, if we arrest these contractions before they have accomplished their appropriate work? That opium will suspend uterine contraction is equally clear; and that it is sometimes injurious to arrest them immediately after delivery has been demonstrated beyond all possibility of doubt. And I have not the least hesitation in saying that many a woman has lost her life by the injudicious use of opium immediately after delivery. Dewees, Churchill, Ramsbotham and Meigs have all cautioned against its administration in this case. But I think I hear some one ask, Is it dangerous to give opium just before delivery? I believe it frequently is; and I found this belief on three things: first, the peculiar therapeutical effect of opium upon the system; second, the nature of the parturition; and, third, experience. One of the most distinguishing features of parturition is excitement. This is general; mind and body straining

them to their utmost capacity, until delivery is accomplished, when they sink into a state of repose and exhaustion. This is owing to a fundamental physiological law, that every over-excitement must be attended by a corresponding depression. Opium, when given during excitement, evidently increases it. This is its first effect; but its second, or sedative effects, soon follow. Thus, when given an hour or two before the completion of delivery, although it may relieve the intensity of the pains, and render them, under some circumstances, more expulsive in their character, and excite the general system to a more vigorous action, yet in the end it must always greatly add to the exhaustion and prostration which succeeds—relaxing the muscular system in general, and the uterine in particular, thus fearfully exposing the patient to hæmorrhage, and all its troublesomeness and consequences.

I have already intimated that I could not say, from my experience, that I had never seen any injurious effects arising from the administration of opium during labor. The case that I am about to record is the only one I ever lost in child-bed since I commenced the practice of medicine, twenty-one years ago. During that time I have been present at the birth of 1076 children—have never, in a single instance, used the forceps, or any other obstetrical instrument, and have never had to invite any physician in to assist me in delivering a case. I do not mention these things boastingly, but merely to show what may be accomplished by patience, industry, and a due attention to nature's laws. I have ever discarded meddlesome midwifery, and hope I ever shall. But to the case:

Several years since I was called to attend a lady in her fifth confinement. She was thirty-five years of age, of the nervo-sanguineous temperament. When I first saw her she had been in labor for twelve hours. The pains were frequent and excruciating, and were confined mostly to the back. Pulse regular and strong; skin moist and warm. The bowels had been freely moved twice during the twelve hours; the os uteri dilated about the size of a half dollar and somewhat rigid; vagina hot and dry; head presenting. After waiting an hour, and finding no especial change in the labor, but an increase in the violence of the pains, I prescribed twenty-five drops of the tincture of opium,

and a teaspoonful of the spirits of camphor. No particular change of the symptoms having occurred, at the expiration of an hour the camphor and opium were repeated. A half an hour after this the pains left the back, were less frequent, and more expulsive; and in one hour and twenty minutes from the last dose the child was safely delivered. The after-birth soon followed, and the uterus appeared to contract firmly. A binder was pinned tightly around the abdomen, and the patient put to bed. About an hour after delivery she expressed her surprise that she had no after-pains, observing, at the same time, that she had had them most severely with all other children.

I remained about two hours after the birth of the child, and then returned home, a distance of two miles. I had scarcely entered my office when I received a message to return immediately. When I entered my patient's room I found her gasping for breath, skin cold and quite pulseless. In my absence she had wasted frightfully. By the use of stimulants, ergot and cold water, the hæmorrhage was permanently stanchied, and a partial reaction was established in six hours. But my grief was almost beyond bounds when, ten days afterwards, I saw her die from a heart clot, which had formed during her syncope.

It may be, however, that I am in error, in charging this woman's death to the opium, for we sometimes see excessive hæmorrhage after delivery where it has not been taken. This lady's labors had always been lingering and very painful; but she was generally up in a week, and hæmorrhage was always inconsiderable. I have ever reflected upon myself for giving her the opium, and have ever since been exceedingly chary in the use of it in my obstetrical practice.

ART. III. — *Case of Convulsions treated in a Peculiar Manner.*
By T. L. WRIGHT, M.D., Bellefontaine, Ohio.

Eight years ago, as passing down street in a feeble way, immediately after a severe spell of sickness, I was startled by a sudden cry behind me. I was told that D—— had a fit. I did not believe it, but hastened back. The report was true. The patient was my own child, three years old. He had been sickly all summer, teething, and with miasmatic disorders. He had fallen away

to a mere skeleton, and now a chill, a "congestive" chill, had suddenly rendered him insensible, and he was writhing in convulsions. This was already "the second one." It is needless for me to say to physicians that serious congestions, and especially if they occur in feeble constitutions, are usually attended by a very feeble pulse. Here, of course, the pulse was very weak indeed.

It occurred to me at once, that the proper method of obtaining relief would be to excite the heart's action so that the blood might be equally disseminated throughout the system, thus, necessarily relieving the head; and the muscular exercise of vomiting I thought to be the best way of effecting this object. I immediately gave large portions of ipecacuanha. The convulsions continued recurring, and no retching was induced. In a few minutes I administered tart. ant. The results were unchanged; but the child began perceptibly to sink. The interruption to respiration occasioned by the convulsive fits, together with some effect from the medicine, began to prostrate the patient towards a point from which life and strength could not be built up. The skin was ashy pale, and the surface was of that wonderfully cold, almost icy chilliness, which is sometimes exhibited in the dying, even in the warmest weather. I procured a feather from a turkey's wing, and deliberately proceeded to choke and strangle the child with that. At first mere futile efforts at retching were produced; but by continued perseverance, vomiting was induced, but not until the feather was several times withdrawn from the throat red with blood—the result of my own violence.

With great effort, two or three mouthfuls of an extremely viscid, glairy fluid were ejected. Now I could see why my medicine did not produce emesis. This glairy and tough fluid was stained in patches with the ipecacuanha I had given. The medicine had literally *stuck* upon it, and was unable to approach, actually, the coats of the stomach. It was impossible that it should operate. This vomiting was repeated two or three times. The effect was immediate, and all that could be desired. The pulse was elevated at once. The lips became more and more crimson; and, although the system sank exhausted, it was exhaustion only, not stupor. I thought it safest now to pound ice, place it in a small bag, and apply it around the crown of the head, down to the mastoid process, on either side. There were no more convulsions.

There were two circumstances following this case that are not without interest and instruction. The convulsions occurred between three and four o'clock in the afternoon. About midnight a terrific diarrhoea set in. It yielded readily to large doses of acetæ plumbi. The other circumstance I discovered the next day. The weakly and relaxed condition of the child, combined with the excessive straining to which he was subjected in vomiting, had caused a regular inguinal hernia. After many abortive efforts to relieve this, as it did not seem to cause the child any great inconvenience, I ceased persecuting him with attempts to cure. About six weeks after the first attack, upon examining him one day, I found the hernia had disappeared, nor has it shown itself again to this day. Thus may all our troubles always "fly away."

ART. IV.—*Cases in Ophthalmology: Treatment of Entropium and Trichiasis by the Ligature.* By E. WILLIAMS, M.D., Cincinnati.

Case 1.—W. S., aet. 50, applied to me on the 23d of August, 1858. He was suffering severely from an exacerbation of granular conjunctivitis of some sixteen months' duration. The conjunctiva of the lids was thickly studded with enormous granulations, and the ocular portion much thickened and fleshy in appearance. Each cornea was so covered by exudation and blood vessels that the pupil could scarcely be distinguished through it, and the patient's sight very much impaired. There was extreme intolerance of light, constant lachrymation and spasmodic closure of the eyelids. Both lower lids were completely inverted, so that the eye-lashes rested in the inferior cul-de-sac of the conjunctiva and the skin of the lids in contact with the globe. The irritation thus produced caused great uneasiness, and aggravated the spasmodic closure of the lids. By pressing upon the skin of the cheek with the finger and making traction, the inverted lids could easily be drawn out and assumed their natural position, but the moment the pressure was omitted, the entropium was immediately reproduced. Failing to overcome the malposition of the lid by the use of collodium, adhesive strips, and anodynes internally, I resolved upon the treatment by ligatures, a method first practiced only a few years ago by Prof. Rau, of Zurich in Switzerland. I applied three ligatures to each lid, in the following manner.

A sharp and strong needle, curved upon the flat for a short distance near the point, was armed with a wax ligature of saddler's silk, so strong that I could not break it by the strongest traction with the fingers. I then pinched up a horizontal fold of the skin with a pair of forceps, and passed the needle through it from below upwards, bringing the point out close to the margin of the lid, just at the roots of the cilia. The thread was then drawn through and cut off long enough to tie easily, after which it was tied with such force as completely to strangulate the skin and other tissues included in the knot. This the first ligature was applied in the middle of the lid, after which I put in two others, one on each side half way between the centre and the commissure of the lids. The other lower lid was next treated in the same way. They both now stood constantly in their natural relations, being *tied out* by the strong threads placed perpendicularly to their free margins. Cloths out of cold water were applied for the first twenty-four hours, and afterwards the eyes were simply cleansed from time to time with tepid water. The next day there was considerable swelling and soreness, but his eyes felt much better. On the fifth day after their introduction the ligatures cut through and fell out spontaneously. The wounds healed in a few days, and the lids remained permanently in their right position, held out by the perpendicular contraction of the cicatrices.

I afterward treated the granulations for many months, and the patient now sees well enough to follow his occupation of driving a team.

This was a case of complete entropium, from relaxation of the skin and spasmodic action of the orbicular muscle, without any *deformity of the margins of the lids*.

Case 2.—P. B., aged 38, presenting some marks of the scrofulous diathesis, and a farmer by occupation, consulted me on the 9th of last February. He had been troubled for many years with *blepharitis marginalis*, and now suffered from *trichiasis* as a consequence. The edges of his lids were thickened and but sparingly supplied with lashes, of small size and light color, and standing very irregularly, most of them being directed backwards and rubbing upon the cornea. The corneæ were hazy and vascular, his sight much impaired, and the eyes always painful, tender to the light and watery, in consequence of the incessant friction of the cilia upon the ball.

I introduced four ligatures in each upper lid as above described, only the needle was entered close to the margin of the lid, and brought out above just at the edge of the orbit, thus including three-fourths of an inch or more of skin. One ligature was placed near each end of the lid, and the other two at equal intervals between them, so as to tilt out the whole margin. The lashes now all stood away from the corneæ, and he felt immediately relieved. After the separation of the ligatures, five or six days from their insertion, a few straggling cilia still touched the ball, and I applied two more threads to each lid, with entire relief. I prescribed wine of opium to be dropped into the eyes once a day, and in three weeks from the time of the operation he went to his home in the country, free from the trichiasis and much improved in sight.

I heard from him only three weeks ago, and the benefit has proved permanent, although he has gone through with an attack of *bilious fever*, and had his *shoulder luxated* by a falling tree, since his return home!

Case 3.—Frau N., aged 33, with fair complexion, light hair and strongly marked lymphatic temperament, mother of one child, applied to me on the 6th of last month (August) on account of her eyes. She stated that she had been afflicted with *sore eyes* for twenty years; but for the past eighteen months they had been much worse, and for six months she could not see to go about without being led. On examination I found she had been the subject of granulations, which, being absorbed, had left the whole conjunctival membrane much contracted, and presenting throughout a riddled cicatricial appearance. The depth of the conjunctival sac in every direction was reduced to about one half its usual extent, the tarsal cartilages narrowed, troughed and otherwise much altered in structure, and the palpebral opening very small, in consequence of adhesion between the lids at the external angle. The inner lip of the free margin of the lids was absorbed, and so rounded off as not to give the usual support, thus allowing the edge of the lid to be tilted a little inwards, so that the cilia lay with their points downwards and in contact with the ball. There was constant and great intolerance of light, and both corneæ were thickly veiled with pannus.

I operated by the ligatures, placing four in each superior and one in each inferior lid, the patient under the influence of chloro-

form. The eye-lashes were thus raised clear away from the cornea and directed forwards, and the patient felt a great deal better even in a few hours.

On the following day there was considerable swelling and soreness, but it soon subsided so much as to be quite endurable. Eight days from the operation the threads came out as usual. I prescribed *vinum opii*, to be dropped into the eyes twice a day. Two weeks after the commencement of the treatment she went home to Jamestown, on the opposite side of the river, with sight sufficient to go where she pleased and perform her domestic duties without any trouble.

Yesterday (Sept. 12) she called to see me again. Her eyes were well open, scarcely at all annoyed by the light, appearing nearly free from inflammation, and the cilia all standing quite free of the corneæ. Her sight is improving daily, but there are still seen some vessels running over the cornea, with a nebulous state of that organ; but this will finally disappear, almost, if not entirely.

I have operated in numerous other instances of trichiasis with the same good results, so that I now look upon the ligature as the best mode of treatment in the majority of cases of this troublesome and very common affection.

Some three weeks ago a young man came to me suffering from severe pain and inflammation of the eyes, caused by inversion of the cilia of the upper lids. There were several ulcers upon each cornea, and there was imminent danger of destruction of both eyes. He had been afflicted with trachoma for many months, and within the past few weeks the absorption of the granulations and contraction of the conjunctiva had given rise to trichiasis and the terrible consequences mentioned above. To make the matter still worse, the lashes had been pulled out every few days, and many of them broken off, so that their stubby ends scratched the cornea severely. I administered chloroform, and applied four ligatures to each upper lid, since which time the eyes have grown constantly better, and all of the cilia stand quite free from the cornea. I have a woman now under treatment where the ligatures have not yet separated, and where a small abscess formed in the upper lid just above one of them, and yet her eyes feel much more comfortable already, and her sight has decidedly improved.

She says her physician told her that nothing but free *ptyalism* could ever cure her. How *salivation* can cure *trichiasis*, he knows, doubtless, better than I do !

In cases where only a few lashes turn in at one point, a single ligature, applied at that spot, or two at most, will remedy the trouble perfectly. The number necessary in any case must depend upon the extent of the ciliary margin affected, and the degree of inversion. From four to eight will be required (usually four suffice, if properly inserted) where the entire lid is diseased. If the whole margin of the lid is strongly inverted, it is best to pass the needle under the fibres of the orbicular muscle, so as to include them, or even a portion of the outer surface of the tarsal cartilage, in the knot. The deeper the needle is passed, the wider the portion of skin included, and the nearer the free edge of the lid the needle enters or issues, the greater the effect. In the third patient described the ligatures produced *ectropium* of the left superior lid, but it assumed its natural position again in a few hours. There is nearly always more danger of having too little than too much effect from the ligatures, so that where the case is severe I enter the needle right at the edge of the lid, and bring it out close to the eye-brows, and then tie it with all my strength, each end of the ligature being wrapped around one of the fore-fingers, as in tying arteries. The ligature should always be drawn very tightly, because they then give rise to far less subsequent pain, and cut through several days sooner than if tied slackly ; indeed, in the latter event they may not cut through at all. It is better, too, to put in enough the first time, because the inflammatory softening and friability of the tissues which follow make it easy to cut directly through them in tying any subsequent ligatures. This happened to me in the second case described.

The needle-holder facilitates the operation very much, and should always be used. It enables the surgeon to control perfectly the direction of the needle, and to bring out the point easily wherever he wishes, which, with the finger alone, is by no means always easy. I employ a new holder, sent to an instrument maker in this city, Mr. Wocher, by Tiemann, of New York, but who the inventor is I do not know. It is made something after the fashion of bullet-moulds, in one jaw of which is a central

cavity, from which radiate several grooves large enough to receive the needle, and allowing it to be placed at any angle with the direction of the instrument. The other branch is not hollowed out, but simply roughened by small parallel grooves, so that the needle can be held with perfect firmness. With this instrument, and a sharp, suitable needle, the operation is rendered simple, easy and expeditious.

The pain produced by the passage of the needle, but especially by the tying of the ligature, is very severe ; but if quickly applied, most patients can bear it without chloroform. The introduction of a horn spatula, of proper shape, under the upper lid, so as to make it tense, enables the operator sometimes to pass the needle with more precision ; but I seldom use it. Instead of using one needle, with a thread long enough for several ligatures, it is better to have several needles armed in advance with shorter threads. The pain caused by drawing a *long thread* or cord through the lid is very disagreeable. Immediately after the application of several ligatures to the lid the skin along its edge presents nodules, resembling somewhat a string of beads, from the bulging of the parts between the adjacent threads. These, however, smoothe down after a few weeks, and the only deformity left is the linear cicatrices where the threads cut through, and these are scarcely noticeable.

When a number of threads are inserted, each including a wide piece of integument, and the fibres of the orbicular muscle to the same extent, there is usually temporary impairment of the action of this muscle, and the lids can not be perfectly closed. This is especially true where both upper and lower lids have been tied. But I have never seen any serious trouble arise from this difficulty, and after a few weeks, at most, the lids close sufficiently well. Where the trichiasis is partial and slight in degree, the excision of one or more elliptical folds of skin *perpendicularly* to the free margin of the lid, and as close to it as possible, as practiced by Desmarres, often suffices. If this should fail, then one or more ligatures may be inserted with far greater certainty of success. These two methods, and the ingenious operation recommended by Prof. Arlt, of Vienna, are about the only ones to which I ever have recourse at present. I have operated but twice by Arlt's plan, and both times with very satisfactory

results. But I have seen him perform it in a number of instances with brilliant success. It is, however, a very tedious and delicate operation, and one where the least want of dexterity on the part of the surgeon may frustrate the attempt. It is particularly applicable to those cases of rounding off of the inner lip of the free margin of the upper lid, and consequent inversion of the cilia, which we see so often after the absorption of the granulations in long-standing cases of trachoma. The operation consists in detaching a bridge of skin along the edge of the lid containing the cilia and their roots, and lifting it up so as to allow the free and denuded edge of the cartilage to project below it. A horn spatula is passed under the upper lid and drawn forwards so as to make it tense—the spatula held upon the patient's cheek. The surgeon then presses upon the skin of the lid so as to tilt the edge forward, and hold it in that position. An incision is now made with a sharp bistoury in the edge of the lid, splitting it the whole length, leaving the cartilage and meibomian glands in the posterior, and the skin, fibres of orbicular muscle, eye-lashes and their follicles in the anterior flap or layer. This incision is continued carefully up between the cartilage and hair follicles from one and a half to two lines, like splitting a thick plank into two thinner ones. A careful incision is then made through the skin parallel with the margin of the lid, and about three lines from it, and passing a little beyond each end of the lid. Starting from one end of this incision, another is made in a circular form, terminating at the other, running parallel with the superior margin of the orbit, and thus enclosing a semi-lunar-shaped piece of skin from three-quarters to an inch or more in width at the widest part. Seizing this at one end with a mouse-toothed forceps, it is carefully dissected off either with scissors or a bistoury, leaving the fibres of the orbicular muscle bare. The bridge of skin containing the lashes is now completely detached from the cartilage, but left adherent at each end. This is best done by passing the knife flat upon the cartilage from above downwards, bringing the point out in the incision, or cut made first of all. Then, by a very careful, see-sawing motion of the knife, the bridge is separated as far as desirable one way; the knife, then withdrawn and turned with the edge in the other direction, is entered, and the same thing done, so as to separate it to the other end. In this

manœuvre great care is necessary to avoid cutting the bridge in two, or so haggling it as to cause it to slough subsequently. The bridge being free, it is raised and stitched by several fine sutures with the edge of the skin above. Thus the skin and lashes are elevated so as to make the cilia stand above the free edge of the cartilage, and project forwards. The wounds heal by first intention, and the patient is soon well. For a more minute description of this operation I refer the reader to Arlt's book on *Augenkrankheiten*. No one can perform it well without having repeatedly practiced it on the cadaver.

ART. V.—*Poke-Root Poisoning*. By O. C. GIBBS, M.D., Frewsburg, Chautauque Co., N. Y.

In the June number of the *Lancet and Observer*, A. P. DUTCHER, M. D., of Enon Valley, Pa., reports two cases of poisoning from the poke-root. This report brings to mind a case of poisoning from the local action of a decoction of the root, which occurred in our practice in May last, which may not be altogether unworthy of mention.

In March last we were called to see a case of porrigo in a child aged about six months. For three years past we have been in the habit of treating all such cases with the local use of petroleum, hitherto with uniform success. Consequently in this case, after removing the incrustations with poultices and alkaline washes, we made use of the petroleum for two or three weeks, with some improvement, but certainly without effecting a cure. The tar ointment was now brought to bear for two or three weeks, but failed to make any further progress toward a perfect recovery. We now made use of the ointment of the red oxide of mercury, first diluted one half with lard, and afterward in full strength. Still the case proved rebellious.

Seeing the case at this stage, having no new remedies with us, and having tested the old tolerably thoroughly, we remembered that in the May No. of the *Western Lancet* for 1856, our friend Dr. H. G. Carey, of Dayton, Ohio, reports three cases, one of them severe and protracted, cured with a local application of the decoction of poke-root, and determined to give it a trial in the present case. We accordingly ordered the friends to take a piece of poke-

root, the size of a walnut, and steep in a pint of water; cloths wet in this decoction to be applied to the head. It was done, and the friends informed me that the application had not been made more than ten minutes when symptoms of the most alarming character presented themselves. The cloth was removed, and the head washed in warm milk and water, and yet the friends informed us that for an hour it seemed as though the child must die. We did not see the case at this time, but the friends informed us that severe prostrations, slight convulsions, and a tendency to coma, were the symptoms which alarmed them. Though the parents were warm friends of ours, and noted for their veracity and kindness of heart, yet they blamed us somewhat for bringing to bear so powerful a medicine on so young a child. It is their opinion that the prompt removal of the decoction was all that saved the child's life.

ART. VI.—*Chloroform in Strangulated Inguinal Hernia.* By W. H. BYFORD, A.M., M.D., Professor of Obstetrics, etc., in the Medical Department of Lind University, Chicago, Ill.

A German, aged about thirty, stout and muscular, shoemaker by trade, has been the subject of inguinal hernia for six years past, but, by wearing a truss, has suffered comparatively little inconvenience until August 10, 1859. After a small amount of rather powerful exertion, he found his hernia suddenly strangulated. Failing to reduce it, at six o'clock P. M. he sent for his physician, Dr. Schiff, who, after persevering attempts at taxis, bled him and resumed his efforts, which were unsuccessful. He afterwards tried the warm bath and enemas of tobacco successively with further unsuccessful attempts at reduction. About two o'clock A. M. the next day Dr. S. desired my assistance. The patient, when I saw him, was laboring under the usual distressing array of symptoms connected with strangulated hernia—vomiting, quick pulse, prostration, etc., which were rapidly becoming aggravated. The tumor was situated on the right side, about the size of a hen's egg, very hard and exceedingly tender to the touch. Dr. Schiff had procured some chloroform, and desired me to administer it while he again tried taxis. The patient was readily brought partially under the influence of the anesthetic sufficiently to become quiet. Upon examination, the swelling

was found to be less tense. Dr. S. now began reduction, but the patient became so restive that it was impracticable to proceed. Chloroform was again applied to his mouth more freely, and persevered in to the snoring stage of anesthesia. Upon another examination being made, to our astonishment and delight, the bowel was found to have entirely receded within the abdominal cavity. The finger could be easily passed along the inguinal canal through the ring, thus proving its entire freedom from disagreeable occupancy. The patient, of course, was entirely relieved from the symptoms, and, with his truss, slight anodyne treatment and quietude for a day or two, had no further trouble.

Considering the failure of the intelligent and persevering application of the remedies and proceedings usually successful, the great hardness of the tumor, the immediate and complete success of chloroform, I think the case sufficiently remarkable for record and reference.

ART. VII.—*A Case of Sore Mouth of Nursing Woman.* By Dr. J. Q. HAMILTON, Lynnvile, Ind.

Called to see Mrs. S. May 13, 1859. Complained of loss of taste and a scalding sensation in the mouth. On examination I found one minute, hard, painful tumor at the right side of the tongue, inflammation extending over the whole mouth, involving the fauces and oesophagus, accompanied with irritative fever; stomach and bowels somewhat involved, which produced slight diarrhœa.

Treatment.—After evacuating the bowels with a dose of rhubarb and magnesia, I gave iodide of potassa, in five grain doses, three times a day, and sulphate of quinine, in six grain doses, morning and evening; to which treatment the disease yielded in forty-eight hours.

Sir Benjamin Brodie.—We extract the following from the *London Medical Times and Gazette* for December last: "Honors are falling thick and fast on Sir Benjamin Brodie. Last week elected President of the Medical Council, this week President of the Royal Society, he stands in a higher position than any surgeon has ever attained before in this country."

Proceedings of Societies.

Proceedings of the Academy of Medicine, Monday evening, September 5, 1859. Reported by J. A. THACKER, M.D., Recording Secretary.

The Academy met at the usual hour, Dr. WHITE in the chair. The minutes of the previous meeting were read and approved. Dr. Thacker, the essayist of the evening, read the following paper on

DELIRIUM TREMENS.

Delirium tremens, as all are aware, is a disease generally consequent upon the excessive use of alcoholic stimulants. There are other things, it is true, that will produce it, or something similar, as the use of opium, inordinate indulgence in tobacco, or too great taxing of the mental powers by over study, etc.; or, indeed, anything that tends to weaken the body and prostrate the nervous system. But the great exciting cause of the disease, as met with by us all in daily practice, is the more or less indulgence in beverages containing alcohol.

It has been thought by some, and, indeed, I believe by the most of persons, that this disease is rapidly on the increase. It is asserted that even in the last twenty or twenty-five years it has most fearfully increased. As to the cause of this it is difficult to say, unless, as many believe, it is produced by the extensive adulteration of all liquors at present, which is said to far exceed that of former times. That adulteration is more extensive now than previously is quite probable; for as the facilities of intercommunication throughout the country, and indeed we may say throughout the world, increases, this article, as well as all others, becomes yearly more and more an article of traffic, and consequently the motives for cheapening it in order to increase its sale become greater. At an earlier period, when the facilities for transportation were comparatively few, the consumption of it was necessarily restricted much to the locality where it was manufactured; and there not being much competition, the demand was not much influenced by the price.

The agents said to be employed in this adulterating process are

those poisons that act principally upon the nervous system. Among them is strychnia, that stands second in the list of powerful poisons, and which is reported to be largely contained in spirituous liquors. In a late number of the *Lancet and Observer*, of this city, a case of strychnine poisoning by large indulgence in liquor is reported by a physician of Indiana, and also in some other late periodical there is a report of a similar case.

If, as alleged, our liquors do contain more or less of this drug, we would have no hesitancy in ascribing to it an important part in the production of the disease we have under consideration; and as assertions are continually made to that effect, and apparently confirmed by reports of cases of reputed poisoning on account of it, we would rather be disposed to have confidence in them, if not invalidated in any way. But these assertions are *denied*—not by the manufacturers of the liquors only, who are interested parties, and whom self-interest would induce to hide anything of the kind, but scientific men positively assert the contrary. In the April number of the *Cincinnati Druggist*, in an article on the alleged use of strychnia by distillers, Mr. E. S. Wayne, an eminent chemist, of this city, pronounces it absurd, asserting that it can not be used by the distiller in any way, for it does not aid in fermentation, nor can alcohol be produced from its elements; that even if it was used in the mash tub, or still, the liquor, at the end of the process, would not contain any of it, as it is a non-volatile substance; and the idea, he says, that he puts it in his whiskey after it is made is too absurd to waste time upon.

Whether or not distilled liquors contain strychnia, I leave to others to decide. If they do not contain that drug, it is very probable they contain others whose injurious properties differ from that of it only in degree. That malt liquors are poisoned by powerful narcotic poisons I think there is no doubt. Respectable druggists in this city have told me they have sold brewers *cocculus indicus*, to be used by them in the manufacture of their beverages. This article, as all know, is a powerful narcotic, and can not help but have an injurious effect upon the nervous system of those that indulge in the liquors containing it. But it is not necessary for alcohol to be adulterated in order to produce delirium tremens; for, when improperly used, it is a poison of itself, and will sooner or later bring on the disease. Many different

circumstances may protect the individual addicted to it for a time, but if life is spared sufficiently long, the poison will surely manifest itself.

Spirituous liquors, as is generally known, produce the disease far sooner than malt liquors. This is accounted for by some from the fact that the former contain by far the larger amount of alcohol. This reason would be of weight if the quantities drank of each were the same, but when we consider the enormous quantity of the latter that is drank in proportion to the former we can not help but think the difference in the amount of alcohol is made up by the increased quantity. This is evident from the fact, which all will doubtless admit, that the drinkers of malt liquors suffer intoxication to as great extent as the consumers of other liquors. Probably the mode of combination of alcohol with other ingredients in spirituous liquors exerts an influence, or, it may be, its morbid effects in malt liquors become somewhat neutralized.

As you all have seen more or less of this disease, it will be unnecessary for me to enter into any description of its symptoms; suffice it to say, it is characterized by delirium, somewhat peculiar to itself, and watchfulness or inability to sleep. The delirium has not that incoherence that there is generally in fevers; the patient, although continually troubled by the sight of imaginary objects, is generally sane on the most of topics and answers questions correctly. The watchfulness is one of the greatest characteristics of the disease, and when once permanently interrupted, results in the cure of the patient.

What is the nature of this disease? This is no easy question to answer, nearly every pathologist having different views on the subject. The truth is, the disorder is so subject to complications that it is no easy matter to determine its true character; post mortems sometimes revealing traces of actual inflammation, at other times exhibiting marks of simple congestion, or of effusion only in some of the cavities of the brain, while at other times disclosing no appearance whatever of diseased action. Dr. Watson appears to think it consists in nervous irritation; while Dr. Wood supposes it to be produced by debility of the brain. Both agree, however, that these conditions are produced by the suspension of the stimulus to which the brain has been accustomed, and both

rest the sheet anchors of their hopes in the treatment upon the employment of large and frequent doses of opium, although on rather different principles.

As we have no positive knowledge of the essential nature of the disease, we can only endeavor to approximate to the truth by means of what information we have.

Irritation, as has been mentioned, has been alleged by one of our most prominent writers to be the direct cause, while debility of the brain is alleged by another. It appears to be rendered certain, however, and agreed upon by all, that, in whatever the disease may consist, it is not inflammatory. True, as has been before stated, traces of inflammation are sometimes discovered on post mortem, but these are undoubtedly, as there is every reason to believe, owing only to inflammation as a complication, which often makes itself manifest before death; for in many cases no appearance of the kind is discoverable.

Is debility, or exhaustion of the brain produced by the suspension of the accustomed stimulus, as has been alleged, the exciting cause? To this supposition there are numerous objections; one, and a weighty one I think, is that the system at large does not partake of the prostration in any thing like the extent we would have reason to expect from such an effect upon the nervous system. Exhaustion of the brain, as all are aware, produced by the loss of blood or other causes, has the singular effect of producing the same phenomena as opposite conditions, namely, unbalancing the mental powers and producing delirium; but in such cases the whole system suffers. In delirium tremens, however, the muscular system especially is but little, and in slight cases not at all, involved. In some cases, the strength of the patient even appears unnaturally increased. The resumption of the stimulus, too, if we only had the exhaustion spoken of to contend with, should promptly relieve, or at least palliate the disorder; but so far is it from being the case, that many doubt the propriety of administering stimulants at all in its treatment; and those that do, employ them when the debility caused by long continued dissipation is general, and then in much diminished quantities.

Let us next consider irritation; for I think we can better explain the phenomena of this disorder by it, than in any other manner. It is, I know, rather an indefinite term, and much used

to explain what would otherwise be anomalous, yet that it has an existence and is not a mere hypothesis, I think we have every reason to be positive. Although the definition of it is no easy matter, yet I would define it as a pathological condition akin to inflammation; falling short of it, however, in many respects, and generally leaving no traces of itself on post mortem. All, at all familiar with disease, have witnessed phenomena that could not be called inflammatory, and yet partook of a character that had much resemblance to it; and this has occurred so frequently that there could be no doubt there was a condition between healthy action and inflammation that could of itself receive a name.

In inflammation of the brain, during the stage of excitement, we have delirium, watchfulness, pain in the head, fever, etc. In delirium tremens we have delirium, but it does not possess the incoherence there is in the other case; the imagination being principally the only faculty implicated, disturbing the patient by the frightful objects it keeps constantly before his vision, while the other faculties of the mind are but slightly affected and often intact. Indeed, the delirium is just the character we would expect, when the circulation of the brain is disturbed to an extent that would probably take place in irritation; the imagination being the most active faculty of the mind, we would naturally expect it to be the first affected by any disturbance of the brain, and to be thrown out of gear by causes that would not affect the other faculties. But in the latter stage of the disease, when treatment has failed to relieve, and the irritation has increased to an extent as to almost amount to inflammation, and has perhaps put on the form of sub-acute inflammation, the delirium peculiar to each become to resemble, and it is often difficult to distinguish them.

Another symptom common to delirium tremens, and inflammation of the brain during its first stages, is watchfulness. So prominent and constant a symptom is it in the former, never being absent, that, as before mentioned, it is considered one of its greatest characteristics, any interruption of it resulting in its cure.

This symptom, instead of being of less severity in this disease than in the other, as well as those others that are common to the two, for obvious reasons, is greater. In the former there is fullness of the vessels and rapid circulation, which tend to produce stimulation and excitation of the nervous system; while in the

other there is congestion, which has rather an opposite effect. In the one, therefore, we would naturally expect watchfulness to be a prominent, if not the most prominent symptom of the disorder, while in the other, we would only look to find it in a limited degree on its first onset, but soon to be superceded by opposite conditions.

In phrenitis we have fever as a sure accompaniment, and one of the principal diagnostic symptoms. In delirium tremens the fever is slight, and often altogether absent; the pulse, however, is generally more rapid, and possesses more force than is normal.

Having now explained what we consider the pathology of the disease, let us next consider the treatment. Here we find more confusion than there is in respect to the pathology, and which, of late years, has rather increased than diminished. Some practitioners rely principally upon large doses of opium, others upon large doses of other narcotics, as *cannabis indicus*; while, again, others recommend that no treatment whatever by medication be instituted, but that the patient be placed in a dark room away from external noises, and the disease, under such circumstances, be permitted to run its course. Some depend largely upon sedatives, while others rely confidently upon anesthetics. A writer in the *Edinburgh Medical Journal*, as copied in the January number of *Braithwaite's Retrospect*, endeavors to prove by statistics, and apparently succeeds, that opium, the sheet anchor of many practitioners, although it has killed many cases of delirium tremens, yet that it has never cured a case—that it is worse than no treatment at all.

What are we to do in all this diversity of opinion? Whatever course of treatment we think of has its opponents as well as its advocates, who not only positively assert that it is unavailing, but are ready to prove, by their experience, that it is decidedly detrimental. We have no reason to believe this disorder is an exception—that it does not come within the category of treatable diseases. Indeed, on the contrary, there is reason to believe that it is as amenable to treatment as any other, and I have sometimes thought it responded sooner to medication than many diseases that no one doubts are benefited by treatment.

Much confusion, no doubt, has arisen from the idea with many that there is something peculiar about it; that it could not be

treated on what is termed general principles, but must have a treatment with its supposed peculiar nature. This idea, I think, has been the cause of much routinism in its treatment. Many, believing that opium was the only remedy that could be used in the case, have employed it under all circumstances and conditions, blindly considering it as a kind of an antidote. If we consider the disease one of irritation, as I have endeavored to prove, its treatment will be plain, and we will be able to see why in some cases a particular treatment has been successful, and why in other cases it has failed. A treatment founded on such a principle certainly can not meet with a worse fate than others have, and I believe will meet with as much success.

Irritation, as has been defined, is a disorder akin to inflammation, and requires, in many respects, the same treatment. The same circumstances and conditions, too, are to be observed, as constitution, age, parts affected, etc. If the patient is a debilitated, broken-down subject, a course of treatment in accordance must be observed. If, on the contrary, an opposite condition of affairs exist, the treatment must be modified accordingly.

In inflammation of the brain the treatment consists mainly in the vigorous employment of antiphlogistic remedies, as the abstraction of blood by venesection, cupping or leeching, cold to the head, blistering, and the internal use of tartar emetic. When, however, the strength of the patient is low, and especially if the vital powers appear to be failing, instead of depressing treatment stimulants are required.

From this brief synopsis let us deduce our treatment of delirium tremens. Venesection, as a general rule, is not admissible; for the subjects of the disorder generally have been broken down and prostrated by long-continued dissipation, and will not bear the loss of blood to any great extent. The abstraction of blood, however, by cupping I consider of the greatest advantage, and believe it entirely too much neglected by practitioners. In numerous instances I have been entirely confident that the recovery of the patient was due to it. I have even employed it with success, after all other means had failed, when the pulse was rapid and rather flagging. Cupping I consider is much to be preferred to leeching, as I consider the irritation of the cups of much advantage.

Last summer I was called to see a man with delirium tremens

who had long been dissipated. He was in constant terror with the delusion that persons were conspiring to take his life, and, in despair of preventing them, he endeavored to take it himself by cutting his throat. I prescribed a third of a grain of sulphas morphiæ in lac. assafœtida, to be taken every three hours. During that day and night the delirium and watchfulness continued unabated. On the next morning he was less delirious, but had no disposition to sleep. In addition to the treatment he was then under I prescribed small doses of tartar emetic, which had the effect of nauseating him and reducing his strength without benefitting him. As night approached he became worse, and his delirium, from being violent and confined to a few hallucinations, became of a low, muttering character, and general; indeed, the patient had every appearance of closing up his career before morning. In my despair to do anything for him I ordered him cupped, by which several ounces of blood were abstracted. Soon after the cups were taken off I had the satisfaction of having him drop off to sleep and sleeping soundly all that night and all next day, except when aroused as I directed him to be. Indeed, it seemed as if all the morphine he had previously taken had cumulated, and was taking effect at the same time. I have noticed this same cumulative tendency of opiates in other cases of this disease.

I might relate other cases showing the beneficial influence of cupping, but the present one will suffice. If a case did not admit of any abstraction of blood at all, I would employ dry cupping, as I have no doubt it would be beneficial in relieving the irritation.

Opium I consider of great service, although it must be used, as in inflammation of the brain, with great caution. In slight cases, when excessive watchfulness is the only symptom, it alone, or conjoined with antispasmodics, will generally be all the treatment that will be necessary; but when there is delirium, and especially if at all violent, it rather does harm than good, unless preceded by cupping, or some other antiphlogistic means, when it often acts like a charm.

The cold shower-bath, when carried to an extent to produce its depressing effects, after large doses of opium had been given without avail, I have known to produce almost immediate sleep.

Tartar emetic I consider of little avail ; indeed, generally in this disorder the stomach is so irritable as to contraindicate remedies of this class. Chloroform I have never known used but once, and in that case the patient died in about five minutes after commencing to inhale it. It may be of service in some cases, but I consider it a dangerous remedy—one that should be used with the utmost caution.

This is a brief outline of the plan of treatment I pursue in delirium tremens, on the principle that it is a disease of irritation. Other plans may succeed as they are in accordance with this principle. Even shutting a patient up in a dark room, away from external noises, may succeed, as such a course would have a decidedly sedative influence upon the brain.

Prof. Comegys said that he agreed with the essayist in considering delirium tremens a disease of irritation. He had no doubt but that the disease was one amenable to treatment, unless there was organic disease of the heart or liver, particularly of the latter, which he thought was generally the cause of failure.

His plan of treatment, he said, generally consisted at first in relieving the hyperæmia of the brain, by the administration of some active cathartic, as a large dose of black draught or twenty grains of calomel, after which he commenced the administration of opium, prescribing from twenty to forty drops of the tincture at proper intervals.

He could not, he observed, agree with the essayist in his remarks upon the action of tartar emetic ; for he had frequently employed it himself with marked benefit. In those cases where the pupils were contracted, eyes suffused, skin hot, he had always found it of great service, producing sleep often as soon as the patient was brought under its influence. He related several cases wherein after pursuing an opiate treatment for some time without effect, an almost immediate relief of the symptoms was produced by it.

In some cases he had found exceedingly large doses of opiates necessary. Not long since, he had a case to which, after failing in various plans of treatment, he administered one grain of morphine every half hour until some seven or eight grains were given before sleep was produced, after which the patient soon recovered.

Dr. Taylor said there were two classes of cases of delirium tremens. In one the subjects had not been habitual drinkers ; in the other were those who had been for a long time constantly dissipated. In the first the pupils were contracted, eyes suffused, skin hot, and delirium violent ; in the second class there was an opposite condition of affairs—the pupils were dilated, skin cold and clammy, muscular system relaxed, and pulse feeble. In the first class, an antiphlogistic course of treatment must be pursued, and in such cases he had found large doses of tartar emetic the most effectual remedy. In the second class he used stimulants largely with opium. The Doctor related several cases in illustration that had occurred at the Commercial Hospital, while resident physician. In one of the cases, he gave half a grain of morphine every two hours, for several hours.

Dr. J. B. Smith said he thought the disease was characterized by want of action ; that in many cases post mortems had shown that the brain was in almost a bloodless condition. On what principles, under such circumstances, tartar emetic and other depressing agents acted remedially, was more than he could understand. In the treatment of disease, we must be governed by the pathology of the disorder, and pursue a course in accordance with it. In a large class of cases, delirium tremens was brought on by a suspension of the stimulus, either by the patient voluntarily abstaining from it, or by the stomach becoming in such a condition that it could no longer tolerate it. Under these circumstances, the blood having been rendered depraved by a long course of dissipation, and the brain not receiving from it the stimulation it had been accustomed to, was unable to perform its functions normally, and this disorder was the consequence.

He, in his treatment, commenced using stimulants, as brandy, immediately. He also employed large doses of morphine, sometimes administering a grain every half hour. He had given ten grains in as many hours.

Dr. Williams remarked, that although delirium tremens was without the class of cases he treated, yet he occasionally met with it as a complication. He related the case of a laborer, for whom he was consulted for deafness and roaring in the ears. He also had strabismus. A short time previous to application having been made to him, the man had shown symptoms of insanity, as

wandering around the yard after imaginary objects, which symptoms gradually increased; nervous tremors also came on, and it was noticed he did not sleep at nights. Although he had been considered of temperate habits, yet, after investigation, it was ascertained that he had been indulging secretly for some time in spirituous liquors, and was undoubtedly suffering under delirium tremens. He was then put upon the following treatment, under which, with some variations for a day or two in the severity of the symptoms, he gradually improved; the noises in the ears and the strabismus subsiding.

R Ext. valeriana, f ʒ iv.

Tinctura opii,

Tinctura hyoscyami, aa f ʒ ss. M.

Sig.—Dose, teaspoonful every three hours.

Dr. White said, that he thought no particular course of treatment would answer in delirium tremens. Stimulants were necessary in some cases, opiates in another, and antiphlogistics in another; that every case had to be treated in reference to itself alone; that we could not be governed in the treatment of one case by that of another.

Dr. Smith remarked, that he could not agree with Dr. White. The treatment of this disease as well as that of all others, he said, must be founded on certain pathological principles; that every disease had some peculiar characteristic which must be observed.

Report of Cases.—Prof. Comegys stated that a short time since he received a call in the night, to attend upon a person who had swallowed a large quantity of laudanum. As he was unable to go, he sent a prescription for some sulphate of zinc to be given immediately. On attending in the morning, he found the patient in a death-like insensibility, surface cold and livid and the respiration scarcely more than five in a minute. On auscultation he found the bronchiæ full of râles. As the stomach had been previously emptied by vomiting, and more than four hours having elapsed since the taking of the poison, he considered that the only hope of preserving life was in artificial respiration, which he accordingly commenced, and which in a short time was followed by marked benefit: the râles in the bronchiæ becoming less, and the surface assuming a less livid appearance.

At this stage it was proposed by a physician who had been called in consultation to use the stomach pump. Although he himself had no hope of deriving any benefit from it he nevertheless consented. On employing it his expectations were fully confirmed, for there was not even a smell of opium in the fluid drawn from the stomach.

After the operation, which rendered the patient much worse, instead of relieving him, artificial respiration was again instituted, followed soon by benefit, and kept up for nine hours, when the narcotism became relieved.

Instead of employing Marshall Hall's method of producing artificial respiration, which he found too inconvenient, he had two persons engaged in alternately compressing and relaxing the parieties of the sides of the chest with their hands.

Immediately after the recovery of the patient from the poisoning, he was seized with delirium tremens in its worst form. He prescribed for him one drachm of tincture of opium every hour until he slept, after which he soon recovered.

Dr. Smith reported a case of sloughing of the œsophagus which he treated on general principles and which recovered. He also stated that he had had of late several cases of diphtheria, in which he had derived considerable benefit from the external application of muriate tincture of iron.

Dr. Williams reported a case of exophthalmus in a lady who had disease of the heart, and a small goitre. The disease commenced making its appearance about two years ago, and had been gradually increasing ever since. At this time the protrusion of the eyes was so great, that by inserting his thumb and one of his fingers between the lids, he could almost pinch off the optic nerve. He considered that the disease originated in enlargement of the ophthalmic veins behind the eye. He had been giving the patient ergot, as it was supposed by some to have the property of contracting the veins. He proposed, however, if there should be no improvement, before the eyes themselves should become diseased, in order to prevent further protrusion, to diminish the palpebral openings by paring the angles of the lids and stitching them together so as to cause their union. He mentioned several other similar cases he had met.

Prof. Comegys reported several cases of cardiac disease he had

lately met with. In one, on post mortem, there was found a congenital deficiency of one of the mitral valves, one of them not being over a quarter or three-eighths of an inch long, while the other was full an inch. The chordæ tendineæ of both were intact.

Dr. Williams reported the case of a little girl who had congenital enlargement of the heart—it being nearly twice as large as natural. Over her entire chest there was heard the loudest systolic murmur he had ever heard. Although there was but little variation in the intensity of it at any point of the thorax, yet it seemed rather louder at the apex. She had quite a feeble pulse and was anæmic.

Proceedings of the Boone County (Ind.) Medical Society. Held July 16, 1859.

Pursuant to notice given, the physicians of Boone County, Indiana, met at Lebanon, on Saturday, July 16, 1859, for the purpose of organizing a medical society in said county.

On motion, Dr. C. S. Perkins was called to the chair, and Dr. A. Robinson chosen secretary pro. tem.

A constitution and by-laws were then presented by the committee appointed for that purpose at a previous meeting, which, after considerable discussion, were adopted, with such additions or amendments as the society deemed proper.

An election for permanent officers being the next thing in order, resulted in the election of the following named gentlemen, viz.: Dr. B. Kramer, President; Dr. G. W. Edgerle, Vice President; Dr. A. Robinson, Recording Secretary; Dr. G. W. Kane, Corresponding Secretary; Dr. G. L. Burke, Treasurer; Drs. W. P. Waring, T. B. Cox and C. S. Perkins, Censors.

On taking the chair, Dr. Kramer delivered a short but very pertinent address to the society.

On motion of G. W. Kane, it was ordered that a copy of the minutes of the meeting be forwarded to the *Cincinnati Lancet and Observer*, with a request that they be published.

On motion, the society adjourned to meet again on the third Saturday of November next.

B. KRAMER, *President*.

ABIJAH ROBINSON, *Secretary*.

Editorial Translations.

A new Disinfectant and Dressing for Wounds.—MM. Demeaux and Corne submitted to the Academy of Sciences the results of numerous experiments made with a mixture of plaster of Paris and coal tar, as a disinfectant and dressing for unhealthy wounds emitting foetid odors. They also submitted the same paper to the Academy of Medicine. The preparation consists of plaster, one hundred parts; coal tar, one to three parts. They made many experiments in their private practice, as also in the wards of M. Velpeau, at La Charité, under his observation and that of the large number of students who follow him. They present the results of their observations in the following propositions: 1st. The above dressing having been applied to a gangrenous wound affording an abundant foetid suppuration, the disagreeable odor almost instantly disappeared; 2d. After the dressings had remained twenty-four or thirty-six hours there was no more odor to be observed than there is about the dressings of a simple fracture; 3d. The dressing being applied to an open cancer, with the usual foetid odor belonging to such ulcers, the foetus was instantly removed, and did not return so long as the dressings were continued; 4th. Ulcers of the legs, dressed with this preparation, did not emit any offensive odor; 5th. Dressing of various kinds—linen saturated with foetid pus, poultices wet with suppuration—placed in contact with this disinfecting substance, lose all disagreeable odor immediately; 6th. Infected liquids, decomposed clots of blood, sphacelated tissues in a very advanced state of putrefaction, treated by this preparation, are instantly disinfected. The action of the disinfecting preparation seems to arrest decomposition; it removes insects, and surely prevents the production of *vers*. It may be applied for a great many other objects, which we will not mention here. These results are obtained by simple means, of easy employment, and with substances which are found everywhere very cheap. The disinfecting matter prepared for use is exceedingly cheap. It is in powder, of a more or less deep grey color, according to the purity of its ingredients, and exhales a slight bituminous odor from the pro-

portions of one of the articles. The mixture of the two substances is made with facility in a mortar, or in any other convenient way. The application, as a dressing for wounds, demands a particular preparation. In mixing a certain quantity of the powder prepared after the above formula we obtain a product of the consistence of a paste, a pommade, or an unguent, which remains in this state indefinitely, so long as it is kept in a jar. This mixture has a dark-brown color, and slight bituminous odor. The oil thins the powder without dissolving it, so that this new product possesses not less the property of absorbing pus when it is placed in contact with a suppurating wound. The consistence which it acquires, either in the form of the powder itself, or in the form of the above-named pommade, is never such as to cause the least distress to the patient, or the least accident to the wound. The application may be immediate or mediate, according to the case, or the end desired. Its immediate application to wounds does not produce any pains; it has even a detergent action, a favorable influence for cicatrization. The mode of dressing has the double property of disinfecting the pus and other morbid products, and absorbing them. This latter is of the greatest importance, for it dispenses with the employment of charpie.

The paper was referred to a committee composed of Chevreul, Velpeau and J. Cloquet. The same paper was discussed in the Academy of Medicine. M. Renauld, of the Veterinary School of Alfort, summed up the results of his experiments with this preparation on the following terms: 1st, That the disinfecting properties of pyrogenic and balsamic substances, as the essence of turpentine, creosote, tar and coal tar, are less active when the substance is employed alone than when it is mixed with plaster; 2d, That the mixture of plaster and tar disinfects a little better than that of plaster and coal tar—at least the tarry odor in the former appears more agreeable than the bituminous in the latter. M. Gibert thinks that, in a social and hygienic point of view, the disinfecting powder of M. Corne will render immense services. He thought it would be employed with advantage in certain unhealthy arts and for the disinfection of cesspools.

M. Bouley gave an account of his experiments at Alfort. In applying to the most infected wounds (those, for example, of the

parotid region) the disinfecting powder of MM. Corne and Demeaux, he obtained excellent results. Not only all bad odor disappeared, but the wounds were cleansed, and proceeded more rapidly to cicatrization. M. Bouley does not think that the disinfectant acts simply by the substitution of the bituminous for the putrid odor. It produces a veritable destruction, a special chemical modification, which only can explain the prompt disappearance of the odor, not only about the wound, but still in the enclosure where the animal is confined. He did not think there was any advantage in substituting tar for coal tar, as M. Renauld had recommended.

M. Velpeau.—The experiments which I have carried on for three weeks at La Charité agree perfectly with those which MM. Renauld and Bouley have performed at Alfort. I am persuaded, from what I have seen, that the topical application of MM. Corne and Demeaux will play a very important rôle in surgery; at present I do not know a better disinfectant, nor a better mode of dressing for wounds of a bad character. It is true I have received samples of another disinfecting powder, analogous to that of M. Corne: it is a mixture of coal, tar and hydraulic chalk, imagined some ten years ago by M. Roissard (of Marseilles). As this inventor demands the benefit of priority, and as he is of opinion that his powder has the same uses as that of MM. Corne and Demeaux, I have tried it. I applied a layer of it yesterday on a large cancerous ulcer of the breast. The patient, who bore very well the application of plaster and coal tar, could not tolerate the mixture of M. Roissard, as it produced very acute suffering. As for the substitution of tar for coal tar, I do not find any advantage. I have just spoken of the services which the powder of M. Corne can render to surgery: however, I can not admit with M. Demeaux that in using it we can dispense with charpie. I have said also that the disinfectant does not, in general, produce any pain in the traumatic surfaces, and that it was perfectly well supported by the patients. I have met with but one exception. This was the case of a young man suffering with a burn of the second degree, who complained of having *unworthily* suffered from the application of this powder.

M. Robinet.—I wish that while we are considering a new substance, that we should be reserved, and not be in too great haste

to extol it. MM. Velpeau and Bouley style the mixture of plaster and coal tar a disinfectant: a disinfectant for their noses, it is possible; but a disinfectant in a chemical point of view, it is impossible. A substance is said to be a disinfectant, in chemistry, when it destroys putrid miasms. Now, I ask, if plaster and coal tar, singly or together, are capable of producing this destruction. Assuredly, no. All that they can do is to absorb the liquids and putrid gases, which prevent the odor mechanically from escaping. In one word, they are simply absorbents.

M. Bouley, with the view of convincing M. Robinet, related the following anecdote: About five months ago I mixed the powder of M. Corne with human *album græcum*. After having agitated the mixture for five minutes I obtained a dirty matter of a sufficiently firm consistence; I enveloped it in some paper and put it in my pocket; I got into an omnibus and traveled some distance without troubling my neighbors, and arrived at the house of M. Gobley, who was about to go to dinner. I laid the mysterious mixture on his table, when he took it in his hands and smelled it, and only noticed a bituminous odor. He promised me to study this substance, and sat down to dinner without the least scruple. Can M. Robinet deny, in this case, that the disinfection was not perfect?

M. Velpeau, at the demand of M. Michel Levy, explained the manner of applying the powder of MM. Corne and Demeaux. The mixture consists, according to the case, of one, two or three parts of coal tar to one hundred parts of plaster. This mixture is spread on the surface of wounds, either in powder or in pomade, incorporated then with oil or grease.

2. *Cutaneous Emphysema in a Tuberculous Child*: By M. METTENHEIMER.—Phillip S., about four years of age, had presented for a long time symptoms of pulmonary phthisis, when he was suddenly attacked with cutaneous emphysema, following a great oppression in breathing. The emphysema showed itself first in the left sub-clavicular region, and slowly gained the neck, face, thorax and back. The swelling was enormous. The child was at first relieved by the appearance of the emphysema, but died at the end of sixty hours.

Autopsy.—The emphysema, as described above, had dissected all the muscles, nerves, vessels, etc., and even the divers fasciæ

of the muscles. It had also invaded the mediastinum and the surface of both lungs. The pleura was raised by an infinite number of small emphysematous bullæ. The summit of the left lung was converted into a single cavern. The emphysema commenced from a perforation of the left bronchus at its organ.—*Deutsche Klinik*, 1859, No. 7, and *Gazette Hebdomadaire*.

M. Cruveilheir published a case (in 1856, in the *Gazette Hebdomadaire*, page 179) of this complication of phthisis, in which a cavern opened directly into the subcutaneous cellular tissue.

3. MM. Poiseuille and Gobley have published a paper full of interesting researches, tending to establish that urea is produced and transformed in various parts of the body, instead of in the kidneys alone; that it is not a substance simply excrementitious, but that, normally, it is taken up in part in the kidneys by the circulation.—*Gazette Hebdomadaire*.

Correspondence.

Boston, September 7, 1859.

Messrs. Editors :—It is always pleasing to the lover of art to gaze upon a landscape scene where nature herself seems almost out-rivaled by the hand of the artist. Still, if viewed with a "critic's eye," some discrepancies may possibly be noticed; while to the casual observer all is beauty and harmony of proportion.

So it is in taking a retrospect of the medical profession. The picture is fair to look upon. It presents a class of gentlemen, with noble and generous impulses, ever ready to respond to the call of suffering from whatever source it comes—consecrating their time and best energies to the relief of those around them. But, while contemplating this scene, certain *likes* and *dislikes* appear in the distant view; and in speaking of which I would do it in no "fault-finding spirit," or accuse any medical gentleman of being guilty of any discourteous acts in his intercourse with his brother associates, or otherwise; but simply look over the canvas and notice some of the defects, as well as the excellencies of the picture presented, and if, in the opinion of others, no such exigencies ever arise, then shall we experience—

"The soul's calm sunshine and the heart-felt joy."

1. I dislike to see physicians at enmity with each other : it cultivates a spirit of jealousy and hatred, and serves to create and perpetuate a hostile feeling among their clients.

2. I dislike to hear a physician speaking ill of his professional brother, or insinuating evil against him, whether in the sick room, among medical men, or the people at large : it indicates that he wishes to elevate himself at the expense of another's downfall, regardless of merit or character.

3. I dislike to see a regular physician consult with a Homœopathist, Eclectic, Botanic, or any other pretender outside of the legitimate practice : it shows that the *love* for the *consulting-fee* is stronger than that of an *honorable* reputation.

4. I dislike to see a physician call a consultation for the *sole* purpose of casting a portion of the responsibility of the case upon another, for fear his reputation may suffer if his patient succumbs : it exhibits a want of fortitude and ability when most it is needed.

5. I dislike to see the consulting physician *magnify* the case under consideration beyond what it really is, or make any *extraordinary* display, in the presence of the friends of the patient, of his diagnosticating powers ; or intimate by word, look or knowing expression, *that all is not right* : it seems to say to those interested, that the true nature of the disease has never been detected till now ; that his visit is most opportune, just in season to *save* the patient.

6. I dislike to see the consulting physician retailing in the shops, streets, or "where people do congregate," that he has just been called to the sick bed of this or that person, by this or that doctor ; that he has so many consultations a day or week, and that he *always* arrives when the danger is most imminent, and the treatment incompetent : it cultivates a love for untruthfulness, and endangers him in becoming egotistical and a disseminator of news.

7. I dislike to see a consulting physician demand a change in the prescriptions, without sufficient reasons for so doing : it looks as if he wished to create an outside influence that something *more needed* to be done ; when in truth the patient is doing well, or is beyond medical skill.

8. I dislike to see the consulting physician, while at the bedside, concur fully with the attendant, in the etiology, diagnosis, prognosis and treatment ; and then turn away and disseminate his reflections, and speak of unscientific therapeutics, etc. : it has the

appearance of wearing *two faces*—the one serene and majestic, the other deceitful and hypocritical.

9. I dislike to see two physicians, when an hour is named to see a patient, disappoint each other, by the non-appearance of one or both, at the time selected: it shows that *punctuality* is yet to be learned, and that much valuable time is lost by negligence.

10. I dislike to see a tacit understanding between physicians, to call each other alternately in consultation: it savors too much on the common idea, "you tickle me, and I'll tickle you."

11. I dislike to see the consulting physician, when there is some apparent dissatisfaction toward the regular attendant, resort to any *means dishonorable* to increase that *want* of confidence: it gives evidence that he would like to secure the patient, and more deeply wound the feelings of his medical brother.

12. I dislike to see a physician, when called suddenly to a patient, in the absence of the "family doctor," use the occasion to retain the family to himself, by extolling his success in the treatment of *just such cases* as the one before him, and that he has a remedy peculiarly adapted to the disease, which he wishes to try; and asks for a continuance of attendance: it certainly infringes upon the golden rule, "Whatsoever ye would that men should do to you," etc.

13. I dislike to see a physician, where called into the family of another, in his absence, remind the afflicted friends, with more than *ordinary* zeal, that his hours at home for medical advice are so and so, that his wife and family would be happy to solicit their friendship, and that, as a future reference, he would kindly tender a few of his cards, etc.: it seems like adroitly throwing the *bait for a bite*.

14. I dislike to see physicians *undercharging* each other: it looks like tampering to the avarice of their clients, and graduating their bids for practice to the amount of *available skill* on hand.

15. I dislike to see a physician, when called while the attending one is absent, demand less per visit than the latter: it evidently shows an effort on his part to buy the patient at some future time.

16. I dislike to see the elder physician, of forty or fifty years of experience, or even of lesser years, with an established reputation and a competency, treat with disrespect and neglect the younger members of the profession, who are endeavoring to gain an honest

livelihood in an honorable calling: it savors of jealousy and cupidity.

17. I dislike to see physicians give gratuitous service for the sake of practice, to those abundantly able to compensate them: it operates disadvantageously to practitioners dependent upon their labors for support.

18. I dislike to see medical men *negligent* and *timid* in presenting their bills: it cultivates the same *negligence* and *apathy* among their patrons, and evinces a fear that they may lose a family now and then, by demanding their honest dues.

19. I dislike to see physicians revealing professional secrets between them and their patients: it argues a betrayal of confidence, and shows a want of integrity.

20. I dislike to see physicians reporting their *successful* cases of cure, and suppressing the *unsuccessful*: it furnishes unreliable statistics, and makes the reporter appear a little too ostentatious.

21. I dislike to see physicians making, vending, using, or in any way giving countenance to "secret remedies;" it is sacrificing every principle of right, honor and liberality for selfish and mercenary purposes.

22. I dislike to see a physician, when he enters the sick room, wear a physiognomy "as long as the moral law," or put on an air of cold formality: it sometimes leaves behind a depressing and unfavorable influence upon the minds of the patient and attendant.

23. I dislike, also, to see *too much* levity in the sick room: it may lead the occupants to think that the doctor depends more upon the exercise of the facial muscles, than the intellect, in his therapeutics.

24. I dislike to see physicians addicted to habits which they discountenance in others: it shows, if nothing more, that they are believers in the old maxim, that it is *one* thing to preach, and *another* to practice.

25. I dislike to see an aristocracy of feeling or exclusiveness existing among physicians, founded wholly on the possession of wealth, irrespective of true merit in medical science: it follows the too common idea, outside of the profession, that the worship of the "molten calf" should take precedence.

I will not pursue this subject further under this head, but in a subsequent number will give what I like to see, or the fairer portion—the real fore-ground of the picture.

Reviews and Notices.

TRANSACTIONS OF THE INDIANA STATE MEDICAL SOCIETY AT ITS TENTH ANNUAL SESSION: Held at the city of Indianapolis, May 17, 1859.

This is a thin pamphlet of forty-eight pages. It can not be esteemed extravagant in size, when we reflect that there are probably three thousand physicians in the State, eligible to membership in the society, each of whom, if a member, would be entitled to write something to swell the volume of Transactions, if he chose to do so.

The first ten pages are occupied by the minutes of the proceedings, an examination of which informs us that all the papers presented to the society were read, and referred to the publishing committee. This takes from them the character of papers, developing the individual opinions of their authors, and gives them the broader significance of being the acknowledged and approved productions of the State society as a body. They should, therefore, be a fair index to the erudition, original thought and habit of investigation, and literary integrity of the profession within the jurisdiction of the society which makes the publication. But they are by no means such an index. A very slight acquaintance with the profession in Indiana will convince even a dull observer that we occupy a much higher position than is indicated by this volume of Transactions.

The manner in which this society conducts the scientific part of its business is vicious in the extreme, and if there is no way of improving it, meetings should hereafter be held for social and ethical purposes alone. To profess to be pregnant with science, and then give birth to such a cachectic pigmy as the Transactions of the last annual meeting, ought to make us ashamed of ourselves at home, and will bring us into disrepute abroad.

Two classes of papers appear in the Transactions, one the production of a committee appointed at the annual meeting last year, the other the voluntary offering of their authors. Both are read to the society, and, with one exception, appear to have been referred to the committee for publication without one word of comment. Why they should be passed to this distinction without an allusion to their merits, or a challenge to their errors, is one of the myste-

ries of a State medical meeting. Perhaps it may be said that the voluntary papers were but reports of cases, and could not compromise the society, and that the committee having been selected with special reference to their fitness for the duty, their labors would be all the society could ask. This is very good in theory, but very bad in practice. Perhaps most of the committeemen are appointed because of a supposed fitness, but this supposed fitness is too often an illusion; and, moreover, many of them come to the appointments thus: Dr. Pompous attends the meeting of the State society, and, being altogether too philanthropic to hide his vast knowledge in his own small head, casts around for a subject to act as a vehicle for his erudition, to the society and the world. He selects "*The relative lengths of Cats' Tails in the wild and in the domesticated states*"—not that he knows anything about cats' tails, or even expects to measure one, but because the subject is fresh in his mind, from having happened to see it mentioned a few days before in an old volume of Goldsmith's *Animated Nature* that he accidentally picked up. He mentions to the appointing power his desire to illuminate cats' tails, and that power, as a matter of course, names him as chairman of a committee for that purpose. Dr. Pompous prepares his paper, and, as before mentioned, it goes to publication without a remark *pro* or *con*. Perhaps this easy facility of getting into the Transactions is the inducement to the Drs. Pompous to produce their silly stuff. If each one were to be subjected before his face to proper criticism, or good-natured ridicule when there was not substance enough for criticism, it would have a magic effect in keeping these gentlemen in their proper sphere, and be a powerful aid in elevating and maintaining the scientific character and professional standing of the members of the State society. For it is believed that if the papers presented were subjected to candid consideration and truthful discussion, instead of being shoved off to the printer without examination, the good, bad and ridiculous together, it would be a sufficient incentive to bring forth the labor of the best talent in the State; and thus the means used to destroy the tares would be efficient in cultivating the wheat.

The American Medical Association, to each volume of its Transactions, prefixes a positive disclaimer of endorsement of, or responsibility for, the contents of the papers therein published;

but the Indiana State Medical Society, with a chivalrous generosity, *paternises* every report presented, without a discriminating remark in favor of the good or an invidious whisper of the imperfections of the bad.

The first article after the minutes is an address of an Ex-President, which he calls "*A few thoughts upon the Physician; his trials and his rewards.*" For a product of two years' incubation, this can hardly be said to be a very brilliant paper. The speaker had nothing new to say, and nothing old to present in such new garb as to make it as attractive as original matter. One part of the address is a whang-doodle lament over the unappreciated excellence of the physician, his unrecognized merit, his great toil and scant reward, his patience and pinching poverty; while another part is taken up with a sophomorical picture of what an exalted creature the good physician really is—suffused with science, blest with art, endowed with skill and tact, and finally, when unable with all these to save his patient's body here, it was his privilege and his duty to give the dying sinner a cheery word to help his spirit on to beatitude hereafter. Now there are two reasons why the gentlemen present at the meeting of the State society should listen to such verbiage as this: first, they probably had nothing else to do; and secondly, they had no means of prognosing the nature and extent of the infliction, until it was upon them; but there can be but one reason why they should impose it upon the readers of their published Transactions—*i. e.*, misery loves company.

The chairman of the committee on medical education was not present, and the report was made by another member of the committee, probably through force of habit, as we learn by it that he has been making reports from this committee since 1856. The chairman for this year felt so indignant at the treatment of reports on medical education by the society in previous years, that at one time he meditated something desperate, in the shape of a preamble and resolution; but the sober second thought determined him to ask for this report the naming of an hour for its special consideration. This was granted, but—alas, for the uncertainty of Doctors!—when the hour came he had absconded with scarcely a P. P. C. However, the loss by the chairman's absence appears to have been small, for the effort of the reporter was so successful

as to induce the adoption by the society of a resolution recognizing the general principle of his report, and appointing a meeting for the discussion of the subject one day before the next annual meeting of the society, and another resolution urging upon local societies, and upon individuals generally, to "agitate" this matter thoroughly.

Earnest and well-written, and for the most part well conceived, this report is largely calculated to attain the end the writer had in view—that is, to awaken the attention of the society to the crying evils of the present system of manufacturing M.D's., and to induce it to take a positive stand in favor of devising means to reject all improper, raw material that may offer as students, and put the proper through such a course of training as will make them worthy of the age in which they live, and the high calling to which they aspire.

The author feels quite certain the *animus* of medical colleges is the "almighty dollar," and not the perfection of medical knowledge, and treats what he calls their "supercilious arrogance" with a healthy and vigorous scorn. His vehement denunciation of medical schools leads one to fear he is laboring under a mental dyschromatopsia, that distorts and discolors the professors in our medical schools, and might warrant a cynic in suggesting that the specific therapeutics for an aberration of this nature is to appoint the unhappy victim of it to a chair in some college whose classes are large and pay cash for their tickets.

"*A Report on the treatment of Syphilitic Diseases without the use of Mercury*" is the title of the next paper, and the phraseology of the title may be taken as an index of the author's want of precision in the use of language, to express his loose and indefinite thoughts. It should read "*A Report on the treatment of Syphilis without Mercury.*" Much mischief is done by papers got up under the direction of the spirit which originated this one, and this one is harmless only because it is so mumbled and jumbled together that no one likely to be led astray will undertake to unravel and understand it.

The author tells us that, some years ago, the world stood aghast at the havoc made of human health by the *abuse* of mercury in the treatment of syphilis, and many good surgeons abandoned its use; but he inadvertently admits, that a reaction had taken place,

and the tendency now is to the judicious application of mercury in the cure of this disease. There can be no doubt that if he had a case to treat he would administer mercury, if it was indicated, like other people; indeed, he almost says as much in the last sentence of the report, in these words: "and while I am not prejudiced against any remedy properly timed and in proper doses, I must protest against the irrational and unscientific manner of using mercury, not *only* in syphilis, but often in other forms of disease." And yet he will spend a year in hunting up statistics and arguments to mislead others. We can only find a sufficient foundation for such glaring inconsistency by supposing one to be possessed of an overweening desire to obtain notoriety, who is afflicted with a *cacoethes scribendi*. Such an invalid gets appointed to a committee, the duty of which he deems to be, not to search after truth, but to present all he can find to sustain the view he happens to espouse for the time being, and to steadily ignore everything that invalidates it.

The whole tendency of such a paper is pernicious; and when it is presented to the public with the indorsement it receives from the State society, by appearing in a published volume of its transactions, it obtains an added power to give thoughtless persons wrong ideas. Fortunately, however, the mind so badly balanced as to be guilty of such an error is generally so constituted as to be unable to see its own ideas clearly, or present them so distinctly as to be comprehended by a party they are calculated to mislead. The confession, therefore, and the contradictions into which such a writer falls, are mostly a sufficient antidote to the poison his production might otherwise convey.

The treatment of syphilis is too important a matter to be trifled with, and the Indiana State Medical Society brings reproach upon itself by presenting to the world this paper as the measure of its *status* upon this subject.

The "*Report on Obstetrics*" might be technically called an abortion. After a trite and stale exordium, it expresses regret that the committee did not have more numerous responses to its circular, addressed to all parts of the State. But if no better use was to be made of what was not received than of what was, those who failed to answer the circular may congratulate themselves upon having saved their time and labor, and yet rendered as much

service to science as those who did otherwise. Some indefinite number (but more than fourteen) of physicians responded to the committee's circular, and furnished more than ten thousand cases ; but the committee, being generous and not caring for trifles, magnanimously throws off the odd numbers, and gives a synopsis of the even ten thousand.

"Abortion, 288 ; miscarriage, 242." The committee ought to have added a glossary to the report, and explained the difference between abortion and miscarriage. Dictionaries give the terms as synonymous, and Good's *Nosology* is obsolete.

"Twins, 178." But one can only guess whether it is that many labors or that many children.

"Hæmorrhage before, during and after labor, 58." How comprehensive to include hæmorrhage at these three periods in one item !

"False presentations, 147." Here again the glossary is needed.

The whole report is got up in bad style, is meagre, indefinite and unsatisfactory. Its one redeeming feature is, it occupies less than two pages.

A "*Case of Abscess following Child-birth*" is one of interest, and well given, but is not of sufficient importance to have a place in the transactions of a State society ; it should have been given to the public through a medical journal.

Following next is a paper upon the cause and treatment of ununited fractures, being the last instalment of a "*Report on Fractures and False Joints*," commenced in a preceding year. It is a clear, sensible statement of the opinions and practice of others in this unpleasant accident, followed by a detail of the reporter's own experience, and the conclusions it has led him to as to the best method of managing false joints. He does not appear to attach sufficient importance to constitutional treatment, and perhaps underrates perforation of the ends of the bone as a means of exciting the requisite local inflammation : nevertheless, it is in excellent paper and calculated to lead to sound, practical results.

If every party writing for the State society would treat the subject before it for the sole purpose of eliciting truth—giving his own original knowledge, where he has any, or otherwise make up a clear and concise *résumé* of the knowledge of recent investigators upon it, as in the case before us,—the volume of Transac-

tions would be of other value than when filled with such effusions as we have had, for the most part, to notice. Had this reporter stated whether he had ever had a failure in treating ununited fracture, and, if so, the circumstances attending it, one could point to the paper as a model of what papers to the State society ought to be.

The "*Report on the Microscope*," like the American bison, has symmetry, solidity and great strength in its head and shoulders, and the similitude fails not to the "latter end," for in both it is a diminutive, stump-tailed affair. Perhaps this is owing to the possibility of the anterior portion being born, nurtured and matured in an older locality, where, from long cultivation, scientific pasture is rich and abundant, while the posterior part has its paternity in the newer west, whose fresher soil does not yet yield so apt a food for a youth so vigorous.

Except a few opening paragraphs, the first part of this report is a very happy epitome of some of the recent investigations into the pathological anatomy of cancer. The subject matter is well arranged, the language used comprehensive, terse and explicit, making a very beautiful and instructive piece of writing, albeit one is puzzled to see how it is *apropos* in a report on the microscope. Any person desiring to pursue the subject, is referred to the *American Journal of Medical Sciences* for January, 1859, page 67, where he will find the same ideas promulgated in the same words, with a slight alteration in the phraseology, and succession of paragraphs. The article in the *American Journal* is entitled "*Remarks on the Anatomical Diagnosis of Cancer* : by J. J. WOODWARD, M.D., of Philadelphia," and is much more extended than this one under notice.

Not unfrequently it happens that different minds investigating the same subject, in different parts of the world, arrive at like conclusions by similar processes of examination, without any knowledge of each other. But for two men to have written out their conclusions in language identical, and arrangement almost the same, one being in Philadelphia and the other in Indiana, is one of the psychological and lexicological phenomena of the day.

"*Two Cases of Surgery*," being thigh amputations for disease, scarcely needed reporting at all ; but, if they did, this was not the proper place. Simple cases not intended to enforce a general prin-

large number of venereal patients. If there is a specialty deserving the consideration and respect of the profession and the public, it is that of syphilis and gonorrhœa. We are glad to find, in the preface of this book, that our author has had such an extended experience in the treatment of venereal diseases. We are told that, in the early part of his professional career, "he had charge, for several years, of the hospital department of a large charitable institution, in which venereal patients, and those affected with blennorrhagic diseases, daily presented themselves, and I have now devoted more than thirty years to the therapeutics of syphilis and kindred disorders, as they may properly enough be termed."

The book contains thirty-nine chapters, and an appendix. The first chapter is devoted to blennorrhagia, causes, leucorrhœa contagion, blennorrhagia not necessarily connected with guilt, etc., etc.; chap. 2, treatment of blennorrhagia in the male, cathartics fomentations, injections of nitrate silver, etc., etc.; chap. 3, gleet and its treatment; chap. 4, balanitis, its complications and treatment; chap. 5, orchitis; chap. 6, herpes præputialis, symptoms and treatment; chap. 7, eczema præputialis; chap. 8, irritability of the bladder; chap. 9, excoriations; chap. 10, urethral pains; chap. 11, spermatorrhœa; chap. 12, gonorrhœal ophthalmia; chap. 13, ophthalmia neonatorum; chap. 14, gonorrhœal rheumatism; chap. 15, vegetations; chap. 16, blennorrhagia in the female; chap. 17, syphilis; chap. 18, constitutional treatment of chancre; chap. 19, chancre; chap. 20, masked chancre; chap. 21, inflammatory chancre; chap. 22, phagdænic chancre; chap. 23, bubo; chap. 24, secondary syphilis; chap. 25, syphilodermatœ; chap. 26, secondary symptoms without primary; chap. 27, syphiloderma erythematosum; chap. 28, papular eruptions; chap. 29, squamous syphilitic eruptions; chap. 30, tubercular syphilitic eruptions; chap. 31, syphilitic pustules; chap. 32, alopecia, baldness; chap. 33, ulcers on the tongue, fissures or cracks, treatment, etc.; chap. 34, syphilitic diseases of the nostrils and nasal bones; chap. 35, syphilitic iritis; chap. 36, tertiary syphilis; chap. 37, syphilitic sarcocele, orchitis; chap. 38, diseases of the periosteum and bones; chap. 39, infantile syphilis.

The book is eminently practical. The numerous cases, given with great care, illustrate forcibly the treatment. The author is

no disciple of Ricord, maintaining that secondary accidents are contagious. Ricord, by the way, has given in a partial adherence to the contagiousness of secondary accidents. The author is a firm believer in the mercurial method of treating constitutional syphilis. While he advocates the administration of mercury, he at the same time advises great caution. He is totally opposed to a reckless exhibition of it, and does not believe that salivation is necessary. We think the chapter on the treatment of syphilis one of the best, if not the best, in the book. The work is illustrated with eight colored plates, which do not do the artist much credit. We think Dr. Durkee will consult good taste if he will place the first plate in the body of the book in the next edition. It looks too much, as it now stands, as if it was intended as a sort of advertisement. We think that the author exercises a little too much incredulity towards syphilitic patients. In general, we have found the majority of patients suffering from syphilis or gonorrhœa to be as truthful as the most of people with other diseases. The paper and type are of the best, and, with the binding, makes it a pleasure to read. There are some points in the book which we do not endorse, but for which the author not only has the support of his own observations, but those of a large number of very distinguished men. We still have firm faith in the doctrines of Ricord—believing, however, that no one is infallible in diagnosis or treatment. We think that the book is bound to have a large sale, and deservedly so. The subject of which it treats is of every-day importance and occurrence. Physicians, even in small villages and sections of the country, are liable to have it to treat, and hence the value of a good, practical work of reference. We therefore recommend it to our readers.

For sale by Geo. S. Blanchard. Price, \$3.00.

New Books in Press.—We understand that Messrs. Blanchard & Lea have in press, and will issue at an early date, a treatise on Diseases of the Heart, by Prof. Austin Flint; a work on Fractures, by Prof. Hamilton; and a work on Materia Medica and Therapeutics, by Prof. Stillé. J. B. Lippincott & Co. also have in press a work on Diagnosis, by Dr. Da Costa.

Editor's Table.

Seventh Annual Report of the Superintendent of Hamilton County Lunatic Asylum to the Board of Commissioners, for the year ending June 5, 1859.

This report was drawn up by Dr. W. Mount, the superintendent. From it we learn that there was remaining in the asylum, June 6, 1858, two hundred and thirty patients, of which one hundred and twelve were males and one hundred and eighteen females. There have been admitted, during the year, one hundred and five males, and fifty-nine females; making a total of one hundred and sixty-four. The whole number under treatment was three hundred and ninety-four. Of this number forty-three males and nineteen females were discharged cured, eight males and nine females improved, four males and one female unimproved; eloped, two males and one female; died, five males and twelve females; transferred to Southern Ohio Lunatic Asylum, eleven males and five females; removed by *habeas corpus*, one male. The whole number discharged being seventy-four males and forty-seven females, making one hundred and twenty-one—leaving one hundred and forty-three males and one hundred and thirty females in the house under treatment. The greatest number of admissions occurred during the months of June and July—in the former twenty-three being admitted, and during the latter eighteen.

The report tells us that the house has been free from all epidemic diseases during the year. The superintendent states that the mortuary list is a favorable one, in which opinion we entirely agree, taking into consideration the very crowded state of the house.

The house is a miserable one, in every respect, and only that the commissioners are about completing one of the finest buildings in the country, we should have much to say. The report gives us some very interesting tables. From the table showing the occupations of two hundred and seventeen male patients we find that there were seventy-seven laborers, fifteen farmers, ten tailors, nine cabinet makers, nine shoemakers, five coopers, five machinists, five merchants, and nineteen of "no occupation" admitted during the year.

As in Indiana, intemperance, masturbation and religion have driven more people into the asylum than any other causes.

The superintendent points out the inconveniences of the house, the total absence of the usual appliances of a well regulated asylum, and says that "the results, although not as flattering to ourselves, or as salutary to those for whom our efforts were put forth, as might be expected to accrue were we operating under more favorable auspices, yet, taking into consideration the many obstacles we have had to meet, the almost innumerable and constant embarrassments, the unfortunate sanitary conditions surrounding us, are far from being discouraging." From all we know this a fair estimate of the results of the house. Dr. Mount estimates that four hundred patients will enter the new asylum, including those from this county which are at present in the State asylum at Dayton. The new house is intended for six hundred, and, unless the commissioners are careful in excluding those who have no legal claim, it will soon be filled. Many, we are told, are now inmates of the asylum who have no legal residence in this county. We can not omit, *en passant*, to say that the style and punctuation of the report is not exactly what it should be, coming, as it does, from a superintendent of an asylum. On page thirty-seven, there are some of the longest and worst punctuated sentences it has been our lot to read for some time—even surpassing those in the reports of some State institutions. This may be the fault of the printer, whose shoulders are broad, as he has to bear the charge of many blunders and faults; at any rate, it is charitable to entertain such a hypothesis.

Before closing our brief notice of this report, we can not omit calling attention to the remarkable statement of the superintendent on the last page of his report, that the *cost of maintaining each person in the asylum has been but one dollar and seventy-one cents per week*.

The superintendent seems to have been at some trouble to collect the statistics of other asylums, for he gives us the cost of all the principal ones in the country. In the Pennsylvania hospital for the insane, the cost per week, including officers' salaries, is five dollars. In the Illinois State hospital for the insane, it is two dollars and seventy cents; and in all the others given in the report, including nine hospitals, with a single exception, the cost

has been over three dollars. How is it, then, that it has only cost one dollar and seventy-one cents, including officers' salaries, to maintain each inmate in our asylum? We do not understand this. We think the superintendent may well say that "the financial business of the house has been conducted in the usual manner and *with highly satisfactory success.*" We should like to know what sort of food and clothing, and what kind of nurses, were furnished to bring the cost of maintaining each inmate down to one dollar and seventy-one cents, so far below that of all other asylums.

We are happy that the appointments and control of the poor insane will pass out of the hands of the Board of County Commissioners at the opening of the new buildings. Eleemosynary institutions have suffered, and will continue to suffer, so long as they are managed by political hacks, inclined though they may be to do good, but unable from positive ignorance and absolute fealty to their parties to do so. Although the three directors who will manage the new asylum have been appointed for their well known political opinions, and in every respect are high-toned, intelligent and moral men, we hope that in the appointment of a superintendent, the first officer of the asylum, they will lay aside political spectacles, and appoint a good man. No man can govern an asylum who has bathed in the dirty pool of either political party. The feeling of the best citizens, and the strong and decided opinion and feeling of the profession in this city, is that no man who has ever been known in politics in this city or county should be appointed superintendent of the new asylum. The psychological studies, and indeed the calm, quiet investigations of hygiene, pathology and therapeutics, are truly very inconsistent with the filth, brawls, cunning and excitement of a political partisan. If, unfortunately, political opinions shall be made a first qualification for the place, the person succeeding will only retain it for one year, or until the opposite party shall succeed. The place of superintendent of the new Hamilton county asylum demands and requires a refined gentleman, of great amenity of manners, decision of character and fine executive ability. And last, and by no means least, let us have a scholar, one who has devoted some time to the study of the great subject, and who is in addition a physician in good repute in his profession. We know of nothing from

which we suffer so much as from the want of an expert in the medico-legal relations of insanity. No man is fitted to express an opinion, or to be placed in the difficult position of an expert in a court of justice, where the question of sanity is almost of daily occurrence, who has not daily observation of a large number of insane in a well ordered asylum. The profession knows something of the remarkable display made by two very distinguished physicians in New York, some few years ago, in a case where the question of insanity was raised in a criminal trial. In our own city we have witnessed the extraordinary spectacle of the profession being arrayed on different sides, and testifying as experts to the mental condition of several criminals. We can have an expert, a man whose opinion will be of the highest authority, and of the greatest value, if we can get one answering the description we have already given appointed as superintendent. We have no personal motives or feelings at heart in writing thus plainly, and, we believe, truthfully on this subject. Every man, woman and child in our county has an interest at stake in the new asylum. No one knows the hour when a mother, father, brother, sister, wife or warm friend may be stricken with that greatest affliction under heaven, the loss of the noblest gift of God—reason.

It is, then, a very important question to every one, especially to the philanthropist, who shall receive the high and distinguished position of treating the poor, unfortunate inmates of the new asylum. We have been told that some gentlemen have petitions circulating among their political friends, recommending them for the place. We trust and pray, for the sake of our art and science, and for humanity, that the directors will turn a deaf ear to all such.

Annual Report of the Commissioners, Superintendent and Treasurer of the Indiana Hospital for the Insane, for the year ending October 31, 1858.

This is a good report of sixty-six pages in length, and contains much valuable and interesting matter concerning that large and rapidly increasing class of patients—the insane. Dr. James S. Athon is the superintendent, assisted by our worthy and talented young friend, Dr. John M. Dunlap; Dr. H. F. Barnes is also an assistant.

The superintendent tells us that, since the last annual report,

“there have been three hundred and forty-four applications, and three hundred and ten admissions; of which number, eighty recovered; discharged—eleven improved, three unimproved, one by *habeas corpus* one eloped, and eight have died (one of whom hanged himself), and two hundred and seventy-seven remain in the hospital.”

The superintendent recommends that provision be made for epileptics, in a special house. Their presence in the wards is highly injurious. As usual, we find a strong recommendation for more room. The exciting causes, we are told, are about equally divided between moral and physical. The number of insane caused by “Spiritualism” has gradually increased, since 1852.

Among the other causes given in the report are masturbation, intemperate drinking, and the use of tobacco. The asylum is not completed, and the superintendent urges the immediate completion of the unfinished wing.

Ohio Mechanics' Institute Fair.—The annual exhibition of handicraft, given by the Ohio Mechanics' Institute, while of very general interest to all classes, does not fail to present matters of attraction for medical men. In a hasty visit to the recent fair we noticed several cases of goods worthy of remark in this connection. First of all we mention the modest case of articles deposited by *Marsh, Corliss & Co.*: modest, we say, in its pretensions, but very worthy in its contents—embracing a great variety of mechanical supports and appliances, elastic stockings and net work, apparatus for club feet, specimens of Palmer's patent leg, and a great variety of trusses. It is in these last-named articles that Marsh, Corliss & Co. place their especial claim for professional attention and patronage—they having had most excellent success in the radical cure of hernia in a large number of cases, many of them of long standing. For trusses, or any other surgical appliances in their line, our friends can not be better supplied anywhere than at the establishment of this firm, No. 5, 4th street.

Passing on to another department of the exhibition, we find an interesting show of the great variety of articles useful to the physician and surgeon, prepared from *India rubber*—syringes of endless variety, breast pumps, nipple shields, bougies, etc., etc. These

are on deposit by the general agency for India rubber goods in this city.

In still another part of the hall we find a show of articles on deposit from the chemical laboratory of the *Messrs. W. J. M. Gordon & Bro.*, of this city. We were aware that our friends Gordons were largely engaged in the manufacture of choice chemicals, but did not realize their extent and character until we beheld this beautiful collection. Concerning the reliability of this house, we have heretofore fully endorsed our entire confidence.

Medical Legislation.—We do not entertain any very cordial belief in legislation, as a means of advancing the status of our profession, or as a means of protection to community. We believe that the profession must be its own legislator, protector and friend, and through its own worth and dignity command the respect and confidence of the community; nevertheless the following plan, which has been matured by a committee of the Indiana State Medical Society, to be submitted to the Indiana Legislature, has much merit, and is as well calculated to secure the desired end as anything that can be devised of the kind. We copy from the *Semi-Monthly Medical News*.

“Plan of Legislation proposed by the Chairman of the Committee to the Legislative Committee for the protection of community against the Incompetency and Recklessness of Practitioners of Medicine, Surgery and the Apothecary's Art.

“1. Create by statute a board of examiners, seven in number, to be selected by the State medical society, from amongst eminent medical men, not residents of the State. The board to meet once or twice annually at the capital, at stated times, for the public oral examination of all future candidates for the practice of medicine, surgery, and of the apothecary's art: one on anatomy; one on physiology and medical jurisprudence; one on materia medica, pharmacy and chemistry; one on practical medicine, including diagnosis; one on surgical anatomy and the principles and practice of operative surgery; and another on parturition and the diseases of women and children. Let the examinations be thorough, free from partiality or undue leniency; and let a very nearly unanimous judgment of the board be requisite to authorize a certificate of qualification to issue from said board to the Sec-

retary of State ; who shall, thereupon, issue a license to practice medicine, or surgery, or the apothecary's art, as the case may be. The candidate for the latter being examined only on *materia medica*, pharmacy and toxicology.

"2. Forbid, on penalty of fine and imprisonment, any one from hereafter commencing in this State the practice of these arts, without such examination and license duly obtained.

"3. Remunerate examining board from State treasury, providing the means therefor by a license fee of \$20 to \$50, as may be required ; to be paid into the treasury by each candidate for examination.

"4. Require the vendors of patent and other medical compounds to place on every package or parcel offered for sale the names and proportions of each and every ingredient, in plain English.

"5. Allow the dissection of the bodies of criminals and paupers by medical men and their students."

Medical College of Alabama.—We have heretofore announced this new school in embryo. By our exchanges we observe that its organization is completed, and that it will go into operation, with its first course, Nov. 14th. The following gentlemen compose the faculty : Dr. J. C. Nott, Surgery ; Dr. J. F. Heustis, Anatomy ; Dr. W. H. Anderson, Physiology and Pathology ; Dr. G. A. Ketchum, Practice of Medicine ; Dr. F. A. Ross, *Materia Medica* ; Dr. F. E. Gordon, Obstetrics and Diseases of Women and Children ; Dr. W. J. Taylor, Chemistry ; and Dr. G. Owen, Demonstrator of Anatomy.

A word of Explanation.—In our last number we copied from the *Louisville Semi-Monthly Medical News* a little "take off," headed "Sensation Answers to Correspondents ;" the closing paragraph of that quotation offers "\$5 per number for any copies of our Journal issued in 1857"—the point of which is, that the journal *had no existence* at that time. Notwithstanding, we think, any reader with two ordinary eyes should see that this is given as a quotation, still we have had, already, offers from several friends to supply numbers of the *Observer* for 1857. Do our friends take, without any further comment ?

The Chicago Medical Journal.—We observe, from its September issue, that the editorial corps of the *Chicago Medical Journal* has undergone another change; or, rather, has received an accession: the name of “W. Godfrey Dyas, M.D., Fellow of the Royal College of Surgeons, Ireland, late Demonstrator of Anatomy, in the University of Dublin, etc.,” being placed upon the cover. Dr. Dyas is a gentleman of scholarship, and will, doubtless, add to the character of the journal. He is, however, somewhat like Dr. Goadby, and other distinguished exotics, rather restless, and requiring a pleasant atmosphere and attentive culture—all of which will, doubtless, be accorded to our neighbor, up in Chicago, and, being appreciated, we trust he will find rest.

Philadelphia Hospital, Blockley.—The Board of Guardians of this institution have recently changed the plan of organization of Blockley Hospital, with the design in part, we presume, to do away with the troubles that have surrounded the chieftainship of late days. At a meeting of the Board, on the 8th of August, the office of chief resident physician was abolished, and the following gentlemen were elected as visiting physicians, surgeons, and obstetricians:

Physicians: Drs. J. L. Ludlow, W. Mayburry, C. P. Tutt, and F. E. Lockett.

Surgeons: Drs. R. J. Levis, D. H. Agnew, S. D. Gross, and R. S. Kenderdine.

Obstetricians: Drs. R. A. F. Penrose, L. D. Harlow, W. D. Stroud, and J. Wiltbank.

Cholera.—During the past summer, cholera has prevailed to some extent in London and Paris, but not properly to the extent of an epidemic, according to the *Medical Times and Gazette*, and having arrived by its old route from Hamburg. In June, cholera was raging with great violence in Bombay; between the 2nd and 22nd of that month 683 persons, of whom six were Europeans, fell victims to the scourge.

Medical College of Ohio.—The indications for a good class in this institution for the approaching session are good. Already students are arriving, desirous of taking advantage of the hospital clinics, and perfecting arrangements for the winter.

Dr. W. H. Mussey.—By reference to his card, in this number of the *Lancet and Observer*, it will be seen that Dr. Mussey proposes to open a private school for Surgery; as the course of instruction will be full and extended, as also illustrated by ample facilities, we can cordially commend this private course to all interested.

Another Physician wishes to sell out.—Dr. Braden, of Butler Co., in this State, desires to remove west, and, therefore, offers his property for sale; this location is in the midst of one of the best neighborhoods in the State, and an excellent point for the practice of medicine.

Binding Medical Journals.—We have been inquired of, occasionally, as to the price of binding, and the best place to go to, etc. As good a place as any is the bindery of W. P. Smith, No. 115, Main street, up stairs. For half-sheep, the price is sixty cents per volume; half-turkey morocco, a very tasty style for the library, is seventy-five cents.

The Weather of July in England.—July, 1859, has stamped a lasting memento on the pages of the history of our climate, it having been the hottest month on record, beginning our data with the daily and nightly readings of the thermometer at Greenwich, which were not regularly noted till 1771. Our usual mean temperature for July is 63° for night and day together; sometimes it is under 60° ; while, in a few years, we have noted it about 66° , and in 1852 it was 68.5° ; but July, 1859, has produced a mean as high as 69.6° ! more than 6.5° above usual mean. The maximum in the shade was 93° on the 18th, as noticed in last report, and in the sun 135° here, and 140° in London. The severe thunder came over all the kingdom from the 20th to the 23d, inclusive; and on the 21st day, in particular, the town of Cheltenham had the most terrible thunderstorm and destructive tornado ever known in that place. The fall of rain for the month at Thwaite was 2.53 inches, and the prevalent winds were the S.E. and S.W. A striking fact in ornithology presented itself. The singing birds which annually suspend their song about the 1st of August, did, this year, on the 9th of July, misled by the premature mellowness of the scene.—*London paper.*

New Books.—We have received from Messrs. Lindsay & Blakiston two small volumes, entitled *Alcohol; Its Place and Power*, by Prof. Miller, of Edinburgh, and *The Use and Abuse of Tobacco*, by John Lizars, also of Edinburgh.

—The distinguished surgeon, Sir Philip Crampton, died in Dublin, June 10th, in the eighty-second year of his age.

—The distinguished physiologist, M. Longet, has been appointed professor of physiology in the School of Medicine at Paris.

—The many friends of Dr. Robert R. McIlvaine will be glad to hear of his safe arrival home from Paris, where he has been residing for the last two years, engaged in professional pursuits.

—At a meeting of the Covington Medical Society, held on the evening of the 15th September, Dr. Charles A. Tripler, surgeon U. S. A., stationed at Newport barracks, was elected President; Dr. Hays, Vice President; Dr. J. J. Temple, Secretary; and Dr. Stewart, Treasurer.

—Dr. W. J. Tuck, of Memphis, died, June 14th, of gastro-enteritis. He filled the chair of Institutes of Medicine in the Memphis Medical College during the session of 1858-59. "He was beloved by and endeared to his friends by his uniform goodness and amiability of character."

—We learn from the *Gazette Hebdomadaire* that M. Deville, of London, and formerly of the *Ecole Pratique* of Paris, has been elected professor of anatomy in the Lind University of Chicago. M. Deville is a very accomplished anatomist, and was exiled from Paris some ten years since on account of politics. He has been teaching anatomy since then in London.

—Dr. Benj. F. Harney, senior surgeon of the army, died at Baton Rouge, La., August 29th. He entered the army in 1814, and continued to serve with distinguished ability until his death. Dr. Harney first advised the administration of large doses of quinine, as ten, fifteen, twenty and twenty-five grains, in the treatment of the Florida fevers, which attacked the troops in the Florida war. We take these facts from a "tribute of respect" to Dr. Harney by Dr. John B. Porter, surgeon U. S. A., which appeared in the *N. O. Medical and Surgical Journal* for September.

— M. Devergie, the distinguished physician to the Hospital St. Louis, at Paris, has recently been promoted to the rank of *officier* in the Legion of Honor. . . Dr. Campbell, *ancien interne* of the Maternité, and formerly *chef de clinique* of M. Paul Dubois at the hospital of the school of the faculty, has also been named to the rank of *chevalier* in the Legion of Honor.

— The following new works on the diseases of the skin have recently been issued from the French press :

“Leçons theoriques et cliniques sur la scrofule considérée en elle-même et dans ses rapports avec la syphilis, la dartre et l'arthritisme, par le Dr. Bazin, médecin de l'hôpital St. Louis.”

“Leçons theoriques et cliniques sur les syphilides considérées en elle-même et dans leurs rapports avec les éruptions dartreuses, scrofuleuses et parasitaires, professées par M. Bazin, et rédigées par Louis Fournier, interne de l'hôpital St. Louis. 1858-59.”

“Leçons sur les maladies de la peau, professées par M. le Dr. Hardy, médecin à l'hôpital St. Louis. Première partie, rédigée par Dr. Moysant. Deuxième partie, rédigée par M. Garnier, interne des hôpitaux. 1858-59.”

“Traité pratique des dermatoses classées d'après la méthode naturelle, par Dr. Duchesne-Duparc ; in 12 de 488 pages. Paris, 1859.”

“De l'acné atrophique, par Dr. Chausit. Paris, 1858.”

— An unfortunate affray took place on Saturday, the 17th of September, at the gate of the Charity Hospital, N. O., between Dr. E. Choppin and Dr. J. Foster. Five shots were exchanged, and Dr. Choppin was dangerously wounded. One shot from Dr. Foster's pistol passed through the left side of Dr. Choppin's neck, cutting in two the exterior jugular vein in its course. The second ball entered Dr. Choppin's left thigh through the iliac region. It is not known yet whether the ball passed through any of the intestines. Dr. Foster was arrested shortly afterwards, and the wounded man was taken to his residence upon a litter. There had been ill feeling between the parties for two years, and they were each fully prepared for a fight to the death, had not a large number of students thrown themselves in between them.—*N. Y. Medical Press.*

Editorial Abstracts and Selections.

PRACTICAL MEDICINE.

1. *Elm Bark a Remedy for Tape-Worm.*—Dr. Dowler, of Beardstown, Illinois, reports for the *N. O. Med. and Surg. Journal* the following singular case, which seemingly indicates the elm bark as a remedy for the dislodgement of tape-worm. In reference to the philosophy upon which it acts Dr. Dowler makes this plausible suggestion—"that the bark, with its thick mucilage, so interposes between the animal and the inner surface of the bowels as to prevent its lateral grasp on their surface, in consequence of which it is compelled to yield to the forces naturally operating, and is carried out with the discharges."

"I was treating a little brother of this patient, in the latter part of last July, a part of my prescription for whom was, as a drink, the mucilage of elm bark, made by putting pieces of the solid bark into water. The little girl was seen to be frequently eating portions of the bark during the day; the next morning after which, upon my visiting the little boy, the mother, with much anxiety, showed me a vessel containing something that had that morning passed the little girl's bowels, with bits of elm bark enveloped in mucilage, which, upon examination, proved to be about three feet of tape-worm. As I supposed the passage of the worm was accidental, and had occurred simply from looseness caused by the bark, I proceeded to prescribe, what I supposed a much more potent anthelmintic, a large dose of turpentine and castor oil. The turpentine and oil were given several times during the three consecutive days, causing pretty active purging, but with no appearance of any portions of the worm. The little girl being slender, and of irritable temperament, I was forced to desist from further active medications; and partly to allay irritation of the bowels, and partly to test the influence of the bark on the worm, I directed that she should resume the use of the bark as before, by chewing and swallowing in moderate quantities.

"On visiting my new patient (this little girl) the succeeding morning, I was shown portions of the worm, mostly in separate joints, that had been passed over night. Feeling now some con-

fidence in the anthelmintic powers of the elm bark, I directed the continued use of it, in the solid form, as before, while there should be any portions of worm passing. In my daily calls for some days I had the satisfaction to learn that portions of the worm continued to pass, from day to day, and sometimes several times a day. I now ceased to visit my little patient, intending only an occasional visit; but my confidence in the efficacy of the elm bark being so well established, I advised its use to be continued even for two or three days after any portions of the worm should be seen in the evacuations. The portions of the worm expelled—even the separate joints—were alive, showing more or less motion; a sense of their presence in the rectum, from their action, seemed to urge the patient to go to stool for their removal.

Having given directions for the links or joints to be counted, care was taken to do so by the mother; and from my notes of the case, taken on the 17th of September last (1858), I find that during about seven weeks of the intervening time there had been expelled, by estimate (taking the average lengths of the joints), about forty-five feet of worm. At this time there had been no portions of the worm passed for two weeks, during which time the use of the bark had been omitted. The head of the worm, with about fifteen inches of the body attached, had been expelled; but thinking that all portions of the worm or worms might not have been removed, I advised that the patient should resume the use of the bark. Very soon the next day after doing so, further portions commenced coming away, among them one about six feet long, tapering to a thread-like termination.

“The next time I took notes of the case was March 23, 1859, at which time my estimate of the entire length of the worm that had been expelled footed up one hundred and thirty-five feet; whether of one or more worms I am unable to say, as in the portions I saw there were a head and tail of what I supposed one worm. Since the last estimate, there have been joints occasionally evacuated.”

2. *Chlorate of Potassa in Ozæna*.—Dr. St. Arnould recommends the following injection to be thrown in or inspired night and morning, after having cleaned out the nares with some injections of tepid water: chlorate of potass, 32 parts, boiling water, 1000 parts.—*Presse Belge*.

SURGICAL.

3. *New Anesthetic—Bisulphide of Carbon.*—Dr. Wm. H. Uhler, of Falls of Schuylkill, at a recent meeting of the Academy of Natural Sciences, mentioned that he had a short time before accidentally inhaled the vapor of the bisulphide of carbon, which had produced complete anesthesia. He was removed from the laboratory by the workmen in a completely insensible condition. He revived in a short time suddenly and completely, and he did not subsequently experience any nausea, or the least unpleasant symptom. Whilst in a state of anesthesia his visions were of the most pleasant and agreeable character.—*Phil. Med. News.*

4. *Anesthetic Agents and Silver Suture—Prof. Syme's Opinion.*—From a letter from Prof. Fenner, of New Orleans, dated Melrose, Scotland, published in the *Medical and Surgical Reporter*, of Philadelphia, we take the following: "I went to the Royal Infirmary to see the great surgeon, Mr. Syme, and the great obstetrician, Dr. Simpson, it being their clinical and operating day. A child, with simple hair-lip, was brought in to Mr. Syme. There were present some seventy-five or eighty spectators, nearly all medical students. Mr. Syme explained the nature of the case, what was necessary to be done, and the different methods of operating that were formerly pursued. He then took occasion to say, that he was indebted to an American surgeon, Dr. Sims, for an improvement which had led to the *perfection* of this operation, as well as another, which, in former days, almost completely baffled the skill of the surgeon, but now seldom failed of success. He alluded to the operation for *vesico-vaginal fistula*. The improvement was the introduction of the *silver suture*. He said that another American surgeon, Dr. Bozeman, was over here last year, and claimed to have made a great improvement on Dr. Sims' operation, and was certainly very successful; but he (Syme) could not see that there was any improvement on Dr. Sims. He said the whole merit consisted in the introduction of the *silver suture*, and it was vain to attempt to deprive Dr. Sims of this honor. He said, that another had attempted to show that there was nothing *novel* in the silver suture; but this proceeded from that captious and envious spirit unfortunately too often displayed in the introduction of every great improvement. He went on to say

that Europe was indebted to America for two of the greatest improvements in modern surgery—*anesthetic agents* and the *silver suture*.

5. *Removal of Rings from Swollen Fingers*: by E. Garaway, Esq.—The mode of proceeding is this: a reel of cotton is wound evenly round, beginning on the extremity of the finger, and bringing each coil into close apposition with the preceding, until the ring is reached. A needle is then threaded with the cotton, and passed under the ring, and the thread is carefully unwound from the finger. The ring follows each coil, as it is successively unrolled; and, by almost imperceptible degrees, is brought over the knuckle, and removed. Care must be taken that the cotton is wound on evenly, or an entanglement will occur in the unwinding. A small curved needle will pass more rapidly under the ring than a straight one.—*British Medical Journal*.

OPHTHALMOLOGICAL.

6. *Remarkable Luxation of the Eye*.—M. Reyssie relates the following case: During a conflagration the patient received the full stream from a fire-pump in his face. The column of water struck the eyelids of the right eye with violence, thrusting them strongly backwards. Contracting under the double influence of the shock and the cold, they forcibly compressed the globe, forcing it out of its orbit by a kind of enucleation. The author saw the patient in an hour, and found the eye hanging out, retained only by its muscles and distended optic nerve. Its reduction was very easy. Local antiphlogistics and aperients were employed, and in the course of ten days he saw as well as before the accident. Seen thirty months after the accident he continued quite well.—*Med. Times and Gaz.*, June 25, from *Gaz. des Hôp.*, No. 65.

7. *Chronic Conjunctivitis*.—Dr. Waggoner details, in the *Penninsular and Independent*, his plan of treatment, as follows: apply, morning and evening, one-sixteenth of a grain of the sulphate of morphia, in solution, applied with a camel-hair brush—continued until all irritability is allayed. Then follow, alternately, applications of acetate of plumbi, sulphate of zinc, sulphate of copper, and nitrate of silver; his experience indicating “that the mucous membrane of the eye will not tolerate any one application

more than twice or thrice, without positive damage to the organ diseased." In a case of chronic conjunctivitis, with extensive thickening of the conjunctiva and lids, with thirty-five years' duration of disease, a cure was effected on this general plan of treatment, in ten weeks.

Dr. Waggoner commends the *iodide of zinc* as a remedy in this form of disease, which has been highly satisfactory in its effects.

OBITUARY.

In Richmond, Indiana, on Thursday, September 1st, of consumption, Dr. SAMUEL H. HARRINGTON, aged about 35 years.

The deceased had long suffered from the disease which wore out his physical nature, but which at the same time purified the immortal feature of his existence. He died resigned, in the full confidence that the promises vouchsafed to the pure in heart would be realized to him. He possessed a cultivated mind, ripe in his profession, popular in his practice, and respected by all who knew him. His remains were followed to the grave by an immense procession—perhaps as large as ever attended a funeral in that place. About two hundred Masons and about one hundred Odd Fellows participated in the ceremonies at the grave. An impressive sermon was preached by the Rev. William Pelan, at the Presbyterian Church.

A GOOD PHYSICIAN WANTED.

The undersigned having determined on removing west, offers for sale his Residence and Location in the village of

Princeton, Butler County, Ohio.

The dwelling is frame, two stories, with all necessary out-buildings—stable, carriage-house, wood-house, cisterns, etc. ; and ALL IN COMPLETE REPAIR.

About one acre of land is attached to the buildings, and is well stocked with the finest variety of fruits, flowers, grapes, etc., known in the State, and is in a high state of cultivation.

Terms easy ; and one-half the purchase money may run from three to five years. Possession given at any time.

For further particulars address me as above, or refer to Drs. Falconer, Rigdon, or Morris, Hamilton, Ohio ; Dr. Goodrich, Oxford, Ohio ; Dr. Wooley, Seven-mile, Ohio ; Dr. Drake, Lebanon, Ohio ; Dr. Stevens, Cincinnati.

September 3, 1859.

DR. JOSEPH BRADEN.

FOR SALE--A GOOD LOCATION,

Drugs, medicines, good business, house and lot, in a rich country ; no competition near. Price for all, \$2,000. For particulars, address J. SIGAFOS, West Milton, Miami County, Ohio.

THE
CINCINNATI LANCET AND OBSERVER.

CONDUCTED BY

E. B. STEVENS, M.D., AND JOHN A. MURPHY, M.D.

Vol. II.

NOVEMBER, 1859.

No. 11.

Original Communications.

ARTICLE I.—*New Method of Reducing Strangulated Hernia.* By
B. F. RICHARDSON, M.D., Professor of the Diseases of Women
and Children in the Medical College of Ohio.

To reduce a strangulated hernia without resort to surgical or other hazardous or annoying instrumentalities, is certainly desirable. Unfortunately, however, the suggestions of standard authorities are sometimes found inadequate to this end. Having recently met with a second case in which reduction was speedily and safely accomplished by an expedient antagonistic to that commonly enjoined, I desire to communicate the method to the profession.

The first case occurred more than a year ago. I received an urgent call to visit Mr. M. I found him in great distress—having been vomiting frequently and violently during the night. Nausea, with pain in the umbilical region, were constant—the latter having succeeded to pain in the left groin. Pulse frequent, surface cold, countenance haggard and anxious. On examination an inguinal hernia was found on the left side, about the size of a large almond. The hernia had existed for some time, but was always readily returned by himself. Strangulation had not before occurred. He was placed in the usual position—with shoulders elevated, knees drawn up, placed together and supported by an assis-

tant. Having unsuccessfully employed the usual manipulations for more than half an hour, with a degree of force consistent with the integrity of the structures involved, further effort was suspended; and, as he was becoming irritable and restless, half a grain of morphine was prescribed, after which I left the house. Returning in an hour, and finding him much more composed, the former attempts at reduction were renewed with as little success as before. His condition was such as to forbid a resort to depressing means, and a surgical operation seemed inevitable. To avoid this was very desirable, as he was over fifty years of age, with a bad constitution.

Reflecting upon the mechanism in the *production* of hernia, I determined upon an expedient directly in opposition to the leading injunction of authorities. The patient was put upon his elbows and knees. Grasping the hernial tumor between my fingers and thumb, I pushed it steadily and firmly towards the inguinal ring; *he being at the same time directed to take a full inspiration and then make a strong and continuous expulsive effort, so as to distend the abdominal muscles as much as possible.* Between as well as during the expulsive efforts, the tumor was steadily pressed towards the ring. The reduction took place at the *second* effort. The time occupied was not over two minutes.

The other case occurred on the 19th of last month. Mrs. W., aged 50, large and of firm muscular structure. Has labored under chronic bronchitis, and coughs violently during the winter, spring and fall. First observed a puffing of air—as she described it—in the left groin, last winter, at various times when coughing. Two weeks before the attack she detected a persistent tumor at the point indicated, which grew gradually larger and harder up to the previous evening, at which time it became painful. Shortly afterwards nausea supervened, followed with vomiting, which became frequent and violent during the night. In the meantime the pain was transferred from the groin to the umbilical region. On examination an oblique inguinal hernia was found on the left side, about one and a half by three-quarters of an inch in its diameters. It was very firm, inelastic and flat on percussion. I determined to submit the new method to a fair test. For the space of more than half an hour I endeavored to return it by the ordinary mode, and, after placing the patient on her elbows and

knees, still continued my efforts. No better success followed. Directions were then given as in the former case. After the second expulsive effort the tumor was lessened one half, and at the onset of the third it readily passed into the abdominal cavity. The time consumed was not over two minutes.

The *rationalé* of this expedient is plain. The most usual cause of hernia is diaphragmatic pressure, induced through lifting, jumping, coughing, sneezing, blowing upon wind instruments, etc. Through the medium of the abdominal viscera the muscular parietes are distended and the apertures thereby enlarged, permitting the passage of intestine or omentum. The diaphragmatic force being diffused over the intra-abdominal surface, is easily antagonized by pressure at any particular point; and when attempting reduction by the manner proposed the diaphragmatic force should be more than counterbalanced, and the patient enjoined to permit the abdominal muscles to distend without restraint. Theoretically considered and practically confirmed, the conviction is irresistible, that this mode of management will reduce any abdominal hernia that is reducible without a surgical operation. I only regret that the idea did not suggest itself to my mind sooner. It is to be hoped that members of the profession will give the plan a fair trial when opportunities present. If by this course we can avoid the administration of chloroform, it is well. It is at least time enough for the chloroform or the knife if this should fail.

ARTICLE II.—*A Consideration of the Pathology and Treatment by Transfusion of Blood in Tubercular Phthisis.** By R. E. HAUGHTON, M.D., Richmond, Indiana.

Having, two years ago, in some published papers, advocated the transfusion of human blood in cases of phthisis pulmonalis, and having carefully examined the conditions of such disease which are taken as stand-points of investigation, the more seriously do I believe that this means of treatment is worthy of attention and trial, and if it might be so fortunate as to be a means of cure for many cases, it would be the means of saving many valuable lives to community every year.

Dr. E. Brown-Sequard has been making researches upon tem-

* Read before the Wayne County Medical Association.

porarily *restoring* individuals to life, dying of disease. He says, "My researches on the transfusion of blood have often given results which show positively, that life may be restored for a time in mammalians, dying of some diseases, and particularly of peritonitis. I have asserted confidently two years ago, that transfusion of healthy human blood was a remedy worthy of consideration and trial in phthisis pulmonalis, before the lungs have become so crippled as to destroy, to a great extent, their important functions upon the blood. I came to this conclusion deliberately, after a careful examination of the subject of the constituents of the blood in those conditions where the blood has exhibited a faulty crisis, and in all such cases, albumen exists in abnormal proportions, and the want of a proper assimilation of the nutrient materials, as well as their healthy elaboration, increases this element in the circulation to such an extent, that it finds deposit in the organs where the blood is most freely supplied, and where the most important chemical changes are wrought upon it." Analysis proves that tubercle is composed of albumen, changed in its character, a semi-organized product, which rapidly undergoes decay, softening and breaking down under the influence of irritation, and we get all the symptoms which grow out of such a condition of the general health, in which exists an impaired and imperfectly elaborated blood, with softening and suppuration of the tubercular deposits, which also involve the structure of the lung around them in suppurating destruction, increasing the size of cavities, and the amount of matter contained in them. This is phthisis fully made out, fully developed, and the result in the large majority of cases is death. And it is folly, aye, worse than folly, for such persons as thus suffer to go to the south or some foreign clime to seek a more genial temperature, or to the north upon the shores of our beautiful lakes, while they thus carry in them and about them the seeds of death, which climate can not change, though it may brace and for a time sustain them. We must seek for the remedy in the changes, chemical and vital, going on in the economy of the physical nature, and thus arrest the first causes of the disease, and then seek to repair those changes more or less destructive which may have taken place. One man says, that the great cause of tuberculosis is in a deficient oxygenation of the phosphates in the system, and gives his remedy. I think there is, from first to last, a

deficient oxygenation of the blood, and impurities only and by *this* means are found to exist, and which by loading and clogging the wheels of life finally bring them to a perfect stand-still in death. Oxygenation and elimination are the only blood-purifiers, and all the so-called blood-purifying nostrums are grand impositions upon the family of man by their originators, the leeches, the vultures which infest and prey upon the public health at its expense. Many a poor deluded victim of blood-purifiers, consumption-exterminators, cough-curers, now lie in an untimely grave, and it is to be hoped that some remedy will be applied which will change the conditions of life, so that this fell destroyer of the human race will be cured as certainly, as effectually as other diseases. Consumption, even now, occasionally gets well, and the scalpel reveals the fact. Cavities in the lungs have been cicatrised, and left no trace, save the cicatrix, to mark its previous existence. Years after, persons having had those cavities have died with some other disease, and the knife reveals the existence of this fact: consumption once existed here, but now is cured. If, then, consumption is curable at all, let us use such means as have the elements of success in them. We have said that the blood mass is diseased, and the blood membrane also, under the general depravation which is taking place, exerts a deranging influence, instead of completing and perfecting the blood mass which is to build up the fabric. Emaciation is said by an eminent writer, and perhaps is, the first observable change in the system, when tubercular phthisis is manifesting itself in it. It is quite rational it should do so, if what we have stated be true. The whole blood mass and some of the solid tissue have taken on a form of disease, and from the fact that the blood itself being changed and possessing morbid elements, it fails to deposit healthy tissue anywhere, and fails to nourish to full vitality, and therefore loss of structure and loss of weight is the result. Respiration can not perfect the complete elaborations and change in the blood, if the organs which carry on respiration are studded with deposits of an unhealthy character. And the reason the aeration of blood is not complete is, because, secondly, the materials of nutrition are not properly prepared, and absorption imperfectly performed, assimilation defective, and all because the cell power is defective. All tissues of organic bodies are known by the aid of microscopic anal-

ysis, to have three primitive forms, viz.: cells, fibres and membranes. Of these Carpenter says, "The cells are obviously most essential. In the entire vegetable world, as well as in the lowest tribe of animals, the whole organism is made up of cells and their derivatives; and a period of time exists when no other element existed, save a single primardial cell." Again says Carpenter, "It is by the agency of cells and their derivatives, that all the vital actions of organic existence are performed." These positions being granted, we assume the position that cell action, being regulated in hereditary forms of disease by the law of successive development, the cell power is amenable to the law, and the type of disease being transmitted from parent to child—not that the child is to be born with tubercle already in its body, but the disposition to form blood in a manner which will give tubercle as a collateral phenomenon—is an organic law of its existence, and exists as a clause in the child's charter of life, and forms a part of its type of development, as certainly as it will bear resemblance to the form and feature of its parents. Scrofula or phthisis are not the only forms of disease thus transmitted, but we have other diseases, and these make up an important portion of the questions of general pathology. This law of cell development, existing as it does in the charter of life, sooner or later manifests itself in impaired health, emaciation, and all the evidences of tubercular deposit, a semi-organized product, a deposit from the blood, and is found in those organs, *de novo*, the special object of which is to manufacture and elaborate and perfect the blood, viz.: the lymph glands and the lungs, the organs of aeration. This is a very important fact in the progress of this disease, and Rokitsansky in what he calls his *Colossal Material of Statistics*, says, "The lungs and lymph glands maintain a high superiority over other organs in their disposition to suffer tubercular deposit. Analysis by Andral, Becquerel, Gavarret, and others, proves that tubercle consists principally of albumen, changed in its normal relations, and deposited in the lungs and other organs. This deposit is the result of a change in the component elements of the blood by which this element is solidified, and undergoes concretion which should remain fluid in the plasma of the blood. This solidification of the elements of tubercle occurs in the growth and development of the blood in the lymph, before it has been changed into

blood, and has its preference of deposit in those glands which are the primary agencies in the conversion and development of lymph into blood, and also in the lungs where this lymph, which has passed into the current of the circulation, first comes into contact and immediate relation to the atmosphere. Changes are wrought upon the blood by contact or exposure to the oxygen of the air in the lungs, chemical in their nature; and by reason of the imperfect condition of the respiratory power, and the abnormal elements of the blood, it is quite rational to suppose that the elements of tubercle are deposited in this very way; and as the changes of the air upon the blood are produced, giving off carbonic acid and water on the one hand, and receiving the oxygen on the other, owing to those elements existing in the blood which are tubercle in a fluid state, they are not oxygenated, but precipitated in granules upon the free surface of the air cells—and herein is begun the first effort which is capable of being detected by the microscope, though it detects the cells which exist in the blood, and some of them in an abnormal condition under the existence of this tubercular diathesis. It is a well known fact that the serum of blood and lymph constitutes the universal blastema, the material of growth, not only for the cell development, which is constantly going on in the ascensive development of these fluids, but they possess in a healthy or normal condition all the elements for the growth, nutrition, and increase of the organic being. When, in the progress of any disease, the solid constituents of the blood, so to speak, are diminished, the red corpuscle destroyed, the serum or watery portions of blood are increased; and as albumen is found to be *increased* in a definite proportion to this impairing power upon the blood, we take this as a starting point in this investigation, which is also strengthened by the fact that tubercle, when deposited under such impaired conditions of health, is found to consist of albumen principally as demonstrated by chemical analysis. Here, then, albumen is found in abnormal amount in the blood, and the deposits from the blood in such conditions are found to consist of albumen. The conclusion is plain, that the deposit is from the blood, and of such elements as exist in it at the time of deposit."

And Simon, in his hospital lectures in the city of London, says: "Many diseases which have origin in some peculiar diathe-

sis, have very intimate relation to the plasma of the blood ;” and says, further, “that the humoral changes, which lead to the deposit of tubercle, may almost certainly be said to have their sphere of operation in the proteinous matters of the blood ; and there are *reasons* to *believe* that those changes especially relate to the constitution of its *albumen*.” As we have said, all the changes which take place are produced by cell action, and that every tissue in the body has its origin in a cell, which by development and increase gives tissue and organic structure. Carpenter says upon this subject: “And we shall, hereafter, see reason to believe that just as the unorganized pabulum provided for the nutrition of the structure is converted by the act of organization into the living cell, so the physical and chemical forces, whose influence promotes that organization, are really metamorphosed into *vital power* by the instrumentality of the cell germ. It is, however, inherent in the very nature of the living organism that this instrumentality should exist for a limited time. . . The changes involved in the process of organization have the effect of rendering the organic structure less and less instrumental in determining this metamorphosis of force, and thus a time arrives when the capacity of development is exhausted, and when physical and chemical forces, no longer turned to account of vital activity, begin to exert a disintegrating power. . . . In proportion, then, to the degree of vital energy which the cell possesses, will be its power to resist the operation of influences which tend to its disintegration, and prevent its perversion to false and imperfect nutrition. . . All this is true, not only of the cell, but of the organism at large, which is shown to commence in a single cell, and by multiplication of cells exhibit all the characteristics of cells in general, and the phenomena, not only of normal life, but of morbid life, as shown in disease.”

This law of cell growth and development is now demonstrated, by the powerful aid of the microscope, to be not only the law of healthy action, as evidenced in all the vital actions, as secretion, nutrition, absorption, but also the morbid actions are shown to be begun and carried on by cells and their derivations ; and we have evidence, in some of the immense deposits, as in tumors, cancerous growths, hypertrophy of organs, all the result of changed, perverted cell action, and due, many times, to that law

of hereditary transmission which enstamps upon the original cell the taint of malignant or benign disease. This law is more fully enunciated in the infection in utero of the foetus of parents, one or both attainted with syphilis : the cell germ was engrafted with the poison of constitutional syphilis, and the child inherits the disease as a portion of the charter of life. Now this is true as well in other forms of disease, and we see children born the victims of scrofula, the parent type of phthisis pulmonalis. It is then impossible that cells whose function is to build up tissue to carry on nutrition, and perform all the other functions of the organism, can, from the pabulum supplied in such an organization already poisoned, build up a healthy structure ; but, on the contrary, this inherited vice of constitution exerts a deteriorating and degrading influence upon the actions of the cells, and they yield to this power, and destructive changes are soon produced in the vital organs, which we see in the ulceration and cavities of the lungs in those who suffer this disease. But we do not propose to wait till destructive changes have so impaired the lungs that it would be impossible to accomplish anything ; for a time comes in those troubles, when the lungs have been so impaired that respiration can not be sustained, and the patient dies.

Treatment.—This disease being one of debility, it is necessary that the indication be, first, to support the system, the strength of the patient, husband all the resources of the economy to sustain it through the protracted conflict which often takes place. The second indication, to counteract such influences as increase the irritation and harass the patient. Thirdly, to use tonics, such as will by their influence best improve nutrition, assist digestion, and thereby improve the strength of the patient. This is hard to accomplish by internal medication ; in fact, I doubt if it ever accomplished the object. We may often postpone the final result by such a course, but it is none the less certain to be accomplished, unless some influence is to render the improvement more decidedly permanent. Transfusion of healthy blood from another person is a *tonic* of the most powerful and energetic character, and even in persons dying with organic fatal disease, life has been prolonged. Dr. Brown-Sequard says, “That mammalians laboring under peritonitis—a very fatal form of disease, left uncontrolled—have had life prolonged, and there is good reason to believe that

transfusion in cases of phthisis pulmonalis would not only prolong life, but produce such a change in the constituents of the blood, as to place it in such a condition as to furnish the materials for the nutrition of tissue, the more perfect elaboration of all the elements of repair, and thus induce a return of health to the organs which are the greatest sufferers, the lungs.

In those cases which are found to have recovered, and even cavities have cicatrised, the improvement did not begin in the lungs, but in nutrition, in the blood, and hence the improvement must be permanent. This return of health to the blood mass must influence the structural disease of any organ, and particularly of the lungs, as the blood is all passed through them for the purposes of aeration. For a time we know that, when cavities have existed, this influence of disintegration, the presence of pus, and imperfect power to aerate the blood, must exert a bad influence upon blood which may be transfused; but there is another power which the new blood may rouse up and bring to bear upon the case for the benefit of the patient, viz.: the influence of good blood upon the brain and nervous system. The brain can not send out its invigorating power without the elements are in the blood to produce it. It is dependent as much for its own nourishment and support as any organ, and when this is fully accomplished it sends out nerve power to all other portions of the economy. It is this biotic power of the brain which is lost, and which must be restored in some measure to insure success to any mode of treatment. How often have I seen the patient in such a condition, that, if he could by any means have this power of the nervous system roused up, he would not have sunk under the blight of disease, but would have been able to use all the other means of cure more effectually. This is, no doubt, the experience of every physician, and we have no means of doing this for our patients, by the ordinary modes of cure. The blood supplied is the revivifying power, and when sent to the brain it has the natural stimulus in its elements which the brain requires; hence, more nervous energy, more strength, and this of itself is an element of success in the treatment. Then, again, this influence once sent out, operates upon the organs of secretion and nutrition; cell growth is better accomplished; the elements are more highly organized, and there is a vast, but silent change going on in the economy of

nature, which is returning the patient to health again. Other tonics produce this very change in other diseases than those of the lungs, where there may not have been so much organic change, yet principle holds good; the influence of tonics is the same in effect or in the result produced. They must invigorate the nervous system, and through that all the functions of the economy. Who has not seen the delicate female, who could not summon enough power to get a full expansion of her lungs when there was not enough of disease there to give pain? Why? Want of nervous energy. It is an important thing for the patient to expand the lungs when there may not have been so much organic change, yet the lungs thereby giving capacity for air. But the nervous energy is lost, debility is the vulture which hovers over the patient, and finally she sinks both into despair and death. We must rally the nervous energy, and we shall do much for our patient.

Dr. Wood, in his work on therapeutics, has placed transfusion of blood in his classification among the tonics. In the cases given where transfusion has been used in constitutional hæmorrhage, the cure was accomplished by a consequent change in the character of the blood. (See Wood's *Therapeutics*, vol. 1, p. 200.) He also says: "This remedy has also been found effectual in inanition dependent upon constant vomiting." Indeed, he says, "this appears to me to be among its most promising applications. This is often the condition of consumptive patients whose digestive powers have so failed that no nutrition is accomplished, and the patient dies from actual starvation, not so much from the disease of the lungs. I have seen cases where I was well satisfied that, could the patient have been nourished and sustained by any means, they might have recovered from the disease of the lungs, which at the time of this general failure of nutrition was not very extensive. Again, we furnish by transfusion the blood which is necessary to be supplied (could it be done) healthy in all its elements by the process of digestion, assimilation and elaboration of the elements of the food. But this can not be done in such a manner as to sustain health in such a condition, and we ought to supply nature's own remedy in another way, till such a reaction takes place as it will be sustained and perfected into health through the agency of the vital powers. Transfusion may be performed once, or twenty times—as often as the case may require,

if there is benefit derived from a first effort." In those cases of inanition from failure of the stomach to retain food or nourishment (*when other means fail*) Dr. Wood says: "Nothing seems to be more clearly indicated than the occasional transfusion of blood, in such quantities as may be necessary to support the vital functions without undue excitement." Why not then apply the same remedy, when other means fail, as they all have done, in consumption? There is as much propriety in one as the other, and when an opportunity offers, having proposed it in those cases, I shall try it, with faith in the motto, *Nil desperandum*.

ART. III.—*A Case of Labor during which Emphysema occurred.**
By J. C. REEVE, M.D., Dayton, Ohio.

On the 23d of August I was called to attend Mrs. H., in her first labor. I reached the residence about 11 o'clock P. M., and found her suffering pains which had commenced several hours before, and gradually increased until they were then tolerably severe, but not so regular, either in frequency of occurrence or force, as might have been wished. An examination showed a moderate dilatation of the os, and a head presentation. About 1 A. M. the membranes ruptured spontaneously, and a very small quantity of liquor amnii was discharged. During the following six hours the pains increased steadily in severity, but did not improve as to regularity, and the labor made no progress; the vagina had gradually become hot and dry, and the os, instead of dilating, had become rigid; the pains caused a loud outcry and much expression of suffering. About 7 A. M. I commenced administering small doses of tartar emetic every fifteen minutes. In the course of ¹/₂ two hours this had a very happy effect upon the soft parts—the os became dilatable, and the vagina poured out a copious secretion of mucus; no nausea was produced by the medicine, but just about the time it was discontinued, all the good effects which could be expected or wished having been obtained, the patient vomited once freely. By this time, 9 A. M., the pains had become expulsive in character, and they rapidly increased, until they surpassed, in severity and duration, any I have ever witnessed, while the bearing down efforts of the patient were excessive. Under the influence

*Read before the Montgomery County Medical Society.

of these violent pains and voluntary efforts the head was slowly forced onward, and by a quarter before one it had entirely cleared the pelvis. There was now a condition of things which I had never witnessed before: the head, although extruded from the bony passages, had not made the slightest progress through the external soft parts, but was covered by the perineum like a close fitting cap; it formed a large tumor which could be fairly surrounded by the hands on every side but one, and at the extreme anterior and superior part of which was the opening of the vulva in striking contrast, as to size, with the mass which was to pass through it. I could now understand, better than ever before, how that form of laceration can take place, in which the head of the child is forced through the centre of the perineum without the rent extending into either the vulva or rectum. It seemed impossible that such an accident should not occur in this case, but by carefully supporting the perineum with both hands, by constantly lubricating it with warm lard, and by moderating, as much as possible, the voluntary efforts of the patient, this last obstacle to delivery was safely overcome after three-quarters of an hour of almost unremitting pain.

Some time during the concluding part of the labor I noticed that the patient's face was swollen. I was too much occupied, however, to examine it closely until the termination of the labor, by which time the swelling had increased to an enormous extent. It had extended all over the neck and upper part of the chest and face, the latter being so tumefied that one eye was entirely closed, and the other could be but partially opened; the patient indeed presented a frightful appearance, and resembled a person suffering from severe erysipelas of the head, with the exception of the redness.

A moment's examination sufficed to show that the swelling was caused by air in the cellular tissues, slight pressure with the finger giving rise to such crepitation as is felt in cases of fractured ribs, and wounds of the chest implicating the lungs, attended by emphysema. There were no other symptoms of note, and the patient seemed as well as could be expected after so long and severe a labor.

Until an opportunity occurred for consulting authorities I was under the impression that emphysema is not a very unusual oc-

currence during labor, although I had never before met with a case. I was not at all surprised at its appearance, nor at a loss to account for it, nor did it excite any fears in regard to the patient's recovery. From the lectures and teachings of my preceptor, Prof. John Delamater, of Cleveland, I was fully acquainted with the fact that such an accident might occur during labor, and with the mode of its occurrence. But I confess I was much surprised, upon turning to the text books upon obstetrics, to find the subject mentioned in but one of them. Caseaux merely states that emphysema may occur during the expulsive stage of labor. I have consulted Meigs, Dewees, Velpeau, Churchill, both the American and the last London editions, James, Burns, Ramsbotham and Murphy, in vain. Nor did I meet with any better success in works upon clinical midwifery; there is no case of the kind reported, nor a word upon the subject, in Lee's *Clinical Midwifery*, Ramsbotham's *Practical Observations in Midwifery*, or Davis' *Illustrations of Difficult Parturition*, with a record of seven thousand, three hundred and two deliveries.

The only work in which the subject is fully treated is the *Cyclopædia of Practical Medicine*, where, in the article "Emphysema," by Dr. Townsend, the third form of the disease is stated to be that in which rupture of the air-cells and interlobular cellular tissue takes place, the pleura remaining unimpaired, and the air escaping through the roots of the lungs and mediastinum into the general cellular tissue. The following explanation is quoted from that work:

"The rupture of the parietes of the air-cells formed by the ultimate ramification of the bronchia is by no means an uncommon occurrence; but so long as the cellular tissue which invests each lobule, and isolates it from those adjoining, remains unimpaired, the extravasated air is prevented from escaping beyond the lobule in which the ruptured air-cells are situated. When, however, the cellular tissue which invests each lobule, and which is in fact a prolongation or process of the general cellular tissue of the body, is likewise lacerated, the air is then at liberty to enter the cells of that tissue which communicates one with another throughout the lung, and through the root of the lung and mediastinum with the cellular tissue of the throat; so that having once found its way from the ruptured air-cells into the interlobular cellular tis-

sue, it passes uninterruptedly from cell to cell (when urged forward by a sufficient force), until it reaches the cellular tissue of the throat, where it makes its appearance in the form of an elastic, crepitating tumor over one or both clavicles, and soon becomes diffused over the face and trunk."

The causes of this form of emphysema are stated to be "violent fits of straining, coughing or crying, or any other exertion of the respiratory organs sufficiently powerful to rupture the air-cells and interlobular cellular tissue;" and the patients in whom it is most frequently seen are "women during parturition, and children severely affected with the whooping cough,"—and a number of cases occurring in the former class are mentioned. Hamilton, of Edinburgh, saw it produced in a young woman by the efforts she made to conceal the pains of labor: "her face became swelled in a wonderful manner." Johnson, of Dublin, has reported six cases of the kind which occurred in his practice.

I find also a full report of a case of the kind in the *London Lancet* for July of the current year.

The treatment of the case which occurred in the practice of Hamilton was by free depletion and laxatives, with the application of camphorated oil locally. In the case reported in the *Lancet* a mixture containing tartar emetic and nitre was prescribed; but the writer thinks that the free hæmorrhage which occurred immediately after delivery rendered unnecessary any more active treatment. In the case reported above nothing more was prescribed at the time the emphysema occurred than seemed demanded by the exhausted state of the patient. Twenty-four hours after delivery the face was yet swollen, though not to so great an extent, and the crepitation on pressure was well marked. The patient now complained a good deal of pain along the sternum, and a liniment of camphorated tincture of soap with laudanum was prescribed. She was not seen again for a week, when I found her suffering from smart febrile symptoms, very frequent, short, hacking cough, without expectoration, and scanty secretion of milk. She was ordered to take a cathartic and apply mustard poultices to the chest; and a mixture containing tartar emetic, nitrate of potash and sweet spirits of nitre was left for her. Under this treatment all the unpleasant symptoms subsided, and when I next saw her, eight days afterwards, she was entirely convalescent.

ART. IV.—*A Case of Intussusception; with the Post Mortem.*
By G. W. BROOKE, M.D., Ellsworth, Ohio.

A son of Dr. W. W. Prentice, of Ravenna, aged ten years, while on a visit to his relatives in Boardman, was taken with severe pain in his bowels on Friday evening, August 5th, which he denominated "stomach ache," and to which he was somewhat subject.

On Friday he was well, and had indulged freely in gymnastic exercises, to which he was much addicted. He still complained on Saturday morning, but had two copious discharges from the bowels, which led the family to think that he was better. In the afternoon he seemed worse. A physician was sent for, but disappointed them. In the night was much worse. Another physician was summoned. At this time there seemed to be some fulness and swelling to the right of the umbilicus, much tenderness over the bowels generally, with retching and vomiting. The doctor concluded it was a case of hernia, and attempted its reduction. Finding it impossible, in consequence of the extreme tenderness, administered chloroform, and after some manipulation the fulness subsided.

During the day (Sunday) the symptoms were rather aggravated. At nine o'clock in the evening he had a discharge of blood from the bowels; at eleven his father came and applied warm fomentations, and administered a full dose of morphine, which gave him much relief. The next morning he had another discharge of blood, the bowels much swollen, and frequent vomiting. The pulse, when first seen by his father, was 150 per minute. During Monday night he obtained some rest, and on Tuesday morning seemed more comfortable, though much prostrated—the pulse less than 100.

The symptoms from Tuesday morning became more threatening until twelve Tuesday evening, when he died. *Post mortem* examination held on Wednesday afternoon. The bowels distended to their utmost capacity with gas. A few discolored patches were observed upon the transverse colon of a gangrenous character. There seemed to be nothing unnatural in the appearance of the stomach or large intestines, aside from the patches above referred to. In examining the small intestines a complete

intussusceptio was found to exist at the lower portion of the ileum, and to such an extent that it was found impossible to reduce it, until the portion affected was removed from its connection, and a longitudinal incision made through the external sheath that held the invaginated part, which was completely strangulated, and measured near seven inches in length. Above the point of obstruction the intusion was filled for several inches with blood similar in appearance to that discharged from the bowels two days before. The invaginated portion was much thickened and gangrenous, with no apparent adhesions. The inversion was from below upward. There was but little fecal matter in the intestines, nor had there been any movement of the bowels since Saturday morning, aside from the two discharges of blood. There was no evidence whatever of hernia, as supposed by the doctor in attendance.

ART. V.—*Contused Compound Fracture of the Lower Jaw.* By A. L. UNDERWOOD, M.D., St. Paul, Indiana.

Mr. Martin Rydner, aged twenty-five years, of nervo-sanguine temperament, was, by the accidental discharge of a rock-blast, shockingly mutilated on the 28th day of May last—the entire charge taking effect on the right side of the face, neck and shoulders, commencing at the apex of the chin, tearing off the integument, the levator labii inferioris, depressor labii orbicularis, a part of the zygomaticus, massiter, and the upper portion of the sternomastoid muscles; breaking up the lower portion of the inferior maxillary from the symphysis to the ramus, and destroying the jaw entirely, save the alveolar process, back to the first molar tooth—breaking the molar bone and destroying the right eye.

Treatment.—Adopted the water dressing; and at this date, July 28th, the patient is so far recovered as to be able to perform considerable labor, and can walk five miles in a day without much bodily fatigue. The wound is healed up, with the exception of a small point at the corner of the mouth. The teeth were fastened together and brought into position by silver wire. A callus is forming, which will be sufficient to enable the patient to masticate. In his case the power of *vis medicatrix naturæ* is wonderfully exemplified. The patient is now convalescent, and, minus a

part of the nasal organ, depressor labii, levator labii inferioris, right eye, and the lower half of the right ear, is a tolerably good looking man. The wounds on the shoulder and neck readily healed by the same treatment, after all the fragments of rock were removed.

ART. VI.—*Case of Snake Bite: Death.* By G. A. KUNKLER, M.D., Madison, Indiana.

On the 5th of July of the present year, I was hurriedly called to see the son of Mr. Engles, living in the suburbs of the city. The boy, aged about six years, had been playing in some brush near the Ohio river, and had been bitten by a copperhead in the right foot immediately below the second joint of the little toe. His cries soon brought him some assistance, and a short time afterward I saw him.

The fangs of the reptile had produced two minute wounds, out of which a few drops of serum exuded; the foot and leg had already commenced swelling considerably; the child complained of constant rigors; the surface was cold, the pulse feeble, and there was constant nausea. On the following day the symptoms were all more aggravated. The entire extremity had swelled enormously, the foot being a perfectly shapeless mass; large vesications had formed over the entire limb, the glands had swelled, and the course of the lymphatic vessels were indicated by red lines of inflammation; there were high fever and constant delirium, the tongue dry and red. Diarrhœa also set in. On the third day there was but little change. Constant delirium, inflammation extending over the groin and scrotum, signs of gangrene of the entire foot, which advanced with surprising rapidity. On the following day he was seized with a convulsion and died.

The animal by which the child had been bitten was the common viper (*coluber berus*), of which there exists some four varieties in the Western and Southern States. The most common of the species differ but very little in appearance with the European viper. This animal was about twenty-two inches long, of a dusky brown color on the back, and of a yellow straw color beneath. The head is very flat and angular, and has two poison fangs in the upper jaw; over the entire back, from the neck to the tail, there extends a chain of rhomboidal brown spots. The reptile

was casting his skin at the time, and was perfectly blind, the cornea being opaque. It is said, and I have no reason to doubt it, that at this season these reptiles are more venomous than at any other time.

Treatment.—A free incision was made into the wounded part, and the wound sucked out by an assistant, and as soon as the articles could be prepared, I injected the iodine solution of Dr. Brainard, consisting of ten grains of iodine and thirty grains of iodide of potassium in one ounce of water (see *Western Lancet*, vol. 15), into the surrounding tissues, which gave the patient considerable pain, a ligature having been placed around the limb in the first place. Fomentations were applied over the entire limb, opium, ammonia, infusion of serpentaria, brandy, etc., etc., were employed as indications appeared to demand. The painting of the entire limb with tincture of iodine appeared to have a good effect.

The case being so remarkably well adapted to test Bibron's antidote, so highly recommended by Dr. Hammond, I had some of it prepared, and administered it in doses of four drops every hour, until some five or six doses had been taken; when, seeing no appreciable effect, it was set aside. The experiments of Dr. Hammond (*North Am. M. C. Rev.*, vol. ii.) were conducted exclusively with the rattlesnake. It may be that its antidotal powers extend only to the venom of that reptile; at all events, I should not feel disposed to use it in the dose and time that he recommends. The following is the formula:

℞ Potassii iodidum, grs. iv.
Hydrargyri bichloridum, grs. ij.
Bromine, f ʒ v. M.

Of this mixture, diluted in a tablespoonful of wine or water, ten drops are ordered to be given every ten minutes.

Administration of Anæsthetics by Smoking Apparatus.—M. Delabarre, in a communication to the Academy, states that he finds the safest and most agreeable way of administering ether or chloroform, or the two combined, by a chibouk, having a double tube attached, by means of which any quantity of air desired may be admitted. The patient at first smokes air only, until accustomed to the action, when the anæsthetic vapor is gradually admitted.—*Bull. de l'Acad.*

Proceedings of Societies.

Proceedings of the Montgomery County Medical Society. Reported by J. C. REEVE, M.D., Dayton, Ohio.

The society met on the 6th of October, and was called to order by the President, Dr. Armor.

The essayist being absent, and the alternate not prepared, reports of cases were called for.

Dr. J. D. Kemp, of Vandalia, reported a case in which abortion was several times threatened. It was the patient's third pregnancy, and she had been similarly affected once or twice previously. The Doctor was called three several times during gestation, the first time being during the third month, and found hæmorrhage and pains present, and every probability that abortion would occur, yet in every instance rest and opiates controlled the symptoms, and the patient went her full time, when she was delivered of a healthy child. The case was not reported as an instance of any novelty in treatment, but as being one of those cases in which there seems a great disposition to abortion, and which had been carried to a favorable termination by perseverance in the usual remedies, and abstinence from examinations and other procedures likely to make the abortion certain.

Dr. Armor reported an interesting case of

NURSING SORE MOUTH

successfully treated by the *syrup of the phosphates*. His patient had suffered severely from two previous attacks, and nothing appeared to afford her any relief. A sister died from the same affection. He tried, in her last attack, all the usual remedies, such as iron and quinine, chlorate of potash, etc., together with a nutritious diet; but all to no effect. The symptoms appeared to grow worse rather than better. At the suggestion of Dr. Reeve, who had used the remedy in a similar case, he tried the compound syrup of the phosphates, or "chemical food" of Prof. Jackson, of Philadelphia, and apparently with marked benefit to his patient. The tenderness of the mouth, the debility, the distressing sensations in the stomach and bowels, the paroxysms of nervous agitation, and the peculiar pale and languid appear-

ance of the countenance, all rapidly disappeared under the use of the remède.

He wished to state, however, in this connection, and as having a direct bearing upon the case, that at an early period the weaning of the child became, in his estimation, indispensable. This was not, however, attended with any marked symptoms of improvement. Lactation still continued for several weeks after she commenced the use of the phosphates; and in previous attacks the weaning of the child did not appear to have any *immediate* effect on the disease. He had little practical experience in the use of the remedy, and therefore reported the case with hesitancy. He submitted the question, in conclusion, as to whether an essential element in the pathology of this disease is not an impoverished condition of the blood, produced by a want of balance between the process of primary and secondary assimilation, and whether or not the phosphates may not act as therapeutic agents in furnishing to the blood the phosphate of lime and soda which is drained from the blood by excessive lactation. He used the remedy combined with Sime's elixir of Peruvian bark. Their combination makes an elegant and pleasant mixture.

Dr. Reeve stated to the society briefly the facts of the case in which he had used this remedy. It was one in which weaning the child had been of no avail, and all the usual remedies had been used without permanent benefit. The patient had been under his care nearly three years, and he had used chlorate of potash, bismuth, iodide of potassium, quinine and iron, syrup of the iodide and citrate of iron, various preparations of Peruvian bark, sulphate of iron with extract of gentian, malt liquors and lime water; and from none of them did the patient derive anything more than temporary benefit. Upon commencing the use of the syrup of the phosphates the disease slowly but steadily yielded, and the patient was now entirely well. He stated that the case was prepared and would be laid before the profession, as he considered it the strongest evidence in favor of a new medicine that could ever be furnished by any *single case*.

Dr. McDermont stated that he had attended a patient for sore mouth after three confinements. From some peculiarity in her constitution, which would not tolerate iron, he had been deprived of the preparations of that medicine in treating the case; he had

relied upon tonics, and other measures adapted to improve the general health, and the disease had slowly yielded as this had become established. She had derived benefit from the local application of a drachm and a half of tannin to an ounce of glycerine. She was now under his care, and among other things he had prescribed for her was the syrup of the phosphates; she had taken half a bottle of it without any marked benefit, either to the mouth or to the general health, and she was now taking Sime's elixir of bark with benefit.

Dr. Davis was of opinion that this disease, like many others, had a variety of causes, and that, as it occurred in different constitutions, would be cured by a remedy in one case which would have no effect in another. His experience in five years past amounted to three cases of the disease; all of these had been cured by the iodide of potassium in tolerably free doses. Yet, he had treated other cases before with this remedy without any success, and he thought, therefore, that he might be compelled to use others in the next case which should fall under his care.

Dr. Kemp agreed with Dr. Davis in the opinion that the disease would not always yield to any one medicine. He had cured a case with lime water after many other medicines had failed.

Dr. Reeve read a report of a case of labor in which extensive emphysema occurred.

The society then adjourned.

Correspondence.

[The friends of Dr. Clendenin will doubtless read the following letter with interest. It is addressed to his brother in Pennsylvania, and we take it from the *Lawrence Journal*, of New Castle, Pennsylvania.]

PARIS, FRANCE, August 31, 1859.

Dear Brother:—How much I desire to tell of all I have seen here, and to describe to you some Paris scenes; but, unfortunately, I am a poor painter, and I doubt my ability to give you the slightest idea of Paris, as it has been during the last two weeks. No picture does justice to these scenes; they change every moment, rapidly as the colors on the pigeon's neck, which come and go on the sun. Moreover, pictures can not give that life,

that movement, that variation which form the atmosphere, the soul of every object. Socrates used to say that it was a good maxim, with regard to friends, etc., "To perform according to one's ability." So I shall describe some of the scenes I have witnessed here according to my ability; though I may do little justice to Paris, lighted up by an August sun, at a gala time like the present. I have often heard it remarked by Americans who had visited Paris, that "the people here pandered to no sovereign in articles of dress but taste, and what taste forbade was most carefully eschewed." This is not true; to be sure, there seems to be no obsequious pandering to the envy of the crowd; and one sees but few red shirts and slouched hats, but in their stead blue and white blouses, and shirts of every color—one thing I must admit, however, is that all look remarkably clean, even the most meanly dressed. There is here, too, an expression preserved by the gregariousness of class with class, in consequence of the closely drawn barriers between different social stations, of which Americans are wholly ignorant: laundresses and female servants wear caps; I am informed that many ladies refuse to allow their maidens to wear bonnets at all.

Let us take a walk in the garden of the Tuilleries. The view at one end is closed by the Palace of the Tuilleries, while at the other the eye is lost in the long vista of the avenue of the Champs Elysees. In this avenue is the Triumphal Arch, built by order of Napoleon, in 1806, at a cost of 1,400,000 francs. About midway between the Palace and Arch stands the Obelisk of Luxor, a magnificent relic of ancient Egypt; it is one of the two obelisks that stood in front of the great temple of Thebes, where they were erected 1550 years before Christ, by Rhamses III. of the 18th Egyptian dynasty. This obelisk is formed of the finest red sienite, and covered on each face with lines of hieroglyphic inscriptions, commemorative of Sesostris; the number of characters is 1,600. It was removed here from Egypt, and placed in its present position in 1813, upon the very place where Louis XVI, Charlotte Corday, Marie Antoinette, Robespierre, and many others were guillotined. (From January 21, 1793, to May 3, 1795, nearly 3,000 persons were executed here; and on May 30, 1770, during the rejoicings in honor of the marriage of Louis XVI., 1,200 persons were trampled to death and many more seriously injured—an

ominous commencement of nuptial bonds, to be cruelly severed by the guillotine.) Five beautiful fountains are playing in the garden, giving additional beauty to the scene by their columns of silvery spray. People of every tribe and nation, citizens and soldiers throng the broad avenue—troops of children are playing about in every direction—yonder a Swiss-mountaineer in his own native garb of skins, playing upon his bag-pipe, a real *bag-pipe*—there is a squad of Zouaves sitting in the shade drinking wine.

We must now walk toward the palace of the Tuilleries, the building of which was commenced when Columbus was a boy, helping his father to shear sheep, down near Genoa, though it is in very good condition at present. It is now about the time (four o'clock P. M.,) at which the imperial family ride out; crowds, as usual, are collecting around the Palace—look! there comes the Cent Guards, with beautiful armor of steel and gold, next come Napoleon's aids-de-camp, and there *he* comes with Prince Napoleon on his right. Napoleon is quite fleshy, and it is said he is becoming quite bald. Cheers of "*vive le Empereur*" pierce the air, he touches his hat gracefully, but slightly; behind come fifty or sixty generals in full uniform, and following these is another squad of Cent Guards. A few minutes more, now there come the outriders, and another squad of Cent Guards, and there is the carriage drawn by six beautiful black horses, driven by a coachman and three postilions containing the Empress Eugenie; the Imperial Prince is sitting upon her knees, dressed as corporal of Imperial Guards; the two ladies are, the one on the right, the Empress' mother, the other is perhaps the Princess Clotilda. The procession closes with two four-horse carriages, containing members of the Imperial family, and another large squad of Cent Guards. This is the usual daily procession. One can not look upon such a procession and think of the past history of the French, without exclaiming (it *must* be mentally), "How slender the thread which upholds this glitter and self-satisfaction!"

Every part of Paris is animated—throng's of people are seen moving in every direction. They are truly a pleasure-loving, pleasure-seeking people, and appear to have no thought for to-morrow, or the world to come. All go out to dine at restaurants; and all day long and until after midnight the cafés (restaurants) are open, and you can see throng's of people, men and women,

clad in various colored costumes and plain clothes, sitting at the little tables around the door and inside of the richly gilded rooms, drinking coffee, wine, etc. There is no word in the French language synonymous with the English word "home," and the people know not in reality any such place as "home." A French family rent furnished rooms for a week, or perhaps a month, but they use them only for lodging purposes—the day-time and evening is spent in the streets or gardens, and they eat at some café. They entertain their company at a café—if a cup of tea is wanted, they go to a café and drink. However, tea is rarely used here; the majority drink coffee, and all drink wine. When you enter a French café for dinner, you are asked what wine you will drink, even before you have time to look at the bill of fare. A Frenchman always drinks from half a pint to a quart of wine with his dinner. This morning I was going to a café for my coffee, and as I went thinking of my friends in America, I heard a little bell jingling along behind me. I turned around, and here came after me a boy, bell in hand, followed by about a dozen goats; presently he halted at a door, and out came a woman, with a little chair, and seated herself by the side of one of the goats, and to work she went milking it; when she had finished milking, she paid the boy a few sous, and then on he passed with his goats, ringing his bell for more customers; on the next square I saw a woman milking an ass. The milk here is very rich! The *beef-steaks*, too, are most savory; but you are not always sure that you are eating *beef-steak*, although that was what you called for. From August until the middle of October there is a vacation in the various literary institutions. The School of Medicine has vacation for the same length of time; so that I can not now tell you anything about the medical schools of Paris, as compared with the various medical schools of our own country. I visit every morning one of the many large hospitals. Of course, I have seen and heard the renowned surgeons, Velpeau, Nelaton, Ricord, etc., etc., and in them my expectations are fully realized. I have been here but a short time, yet I have already witnessed a greater number of operations than are usually performed in any of our cities in a whole year. But I do not now intend describing the medical institutions of Paris—this I must reserve for another letter, which I will write to you when I become better acquainted. I would like to tell

you of the galleries of paintings here and at Versailles, and of the Garden of Plants, as well as many other objects of interest here to a stranger, but my letter is already too long. w. c.

Transactions of Indiana State Medical Society: Review of a Review.—Armed men, concealed in the belly of a wooden horse, entered Troy, and the devoted city fell by their stratagem, when external attacks utterly failed to subdue it. Now I do not mean to say that a wooden head may be as dangerous as was the famed wooden horse, but that, from a medical journal, welcomed as a friendly gift, there issues, greatly to our surprise, a well-armed assailant, showering his blows upon persons who never dreamed of attacks from such a source or through such a channel. Withal, the *nom de guerre* of this heroic knight is merely one of three thousand—"Hoosier"—a name neither euphonious nor classic; and it is in vain to guess who he is, and ungenerous to suspect him of seeking to revenge any private wrongs—of trying to cure himself of *tinea capitis*, or relieve an atrabilious condition of his system. No, no; he doubtless is actuated by a sincere desire to promote the interests of the medical profession in general, and of the Indiana State Medical Society in particular, and let the members of the latter be profoundly grateful. The chastening may for the present be grievous, and may grieve us, but precious fruit shall spring therefrom!

Hoosier's review, in the last number of the *Lancet and Observer*, of the *Transactions of the Indiana State Medical Society*, is worthy of notice. Brave soldiers deserve notice, and so do bad boys—in neither of which categories, however, can Hoosier be placed; he would not lie in either, but can stand anywhere. It is needless to concede the author of the review ability and fearless vigor; but, granting for a moment the entire justness of his criticism, was it proper and politic to write thus of an organization in which he might be a most efficient member? Why not be laboring with us, instead of belaboring us so mercilessly? It can not be possible that his instincts are all Apollyon-like—essentially destructive—and that he possesses no constructive genius! Surely one who destroys so effectually, who knows so well how things ought not to be done, should show, by example

and actual labor, how they ought to be done. It is a duty he owes the society, no longer to dwell in monastic retirement, but to come forth where his light can shine upon his benighted brethren. Let him appear as a co-worker, and he will find ample scope and verge enough for the exercise of his varied abilities: an opportunity would be afforded him, under the auspices of the State society, to write upon any subject his genius could irradiate—from cats' tails to a dilemma's horns; and he never again would write a review so bitter that one can not help exclaiming, in the first two words of *Cæsar's Commentaries*, "*Omnis Gallia.*"

This year we sent out our little barque—only the tenth we have launched—not strongly manned nor heavily freighted, it may be, nor equipped for a long voyage; for but few hands helped, and few voices bade God-speed. If some piratical craft had attacked it; if Hahnnemantic globules had pelted, or Priessnitzian baths drenched us; if stinking steam had been blown in our faces, or syringes had squirted upon us a solution of nastier podophillin, we should have held on our way without firing a gun. But what can we do when, after the smoke from a heavy and damaging broadside clears away, we read, floating from mast-head, or rather from stern of our assailant, "Hoosier?" Shall we sorrowfully exclaim, *Et tu, Brute* (properly translated, And you, you brute)! and hurry our shattered hulk into safe harbor?

Considering the brief existence of our State society, and the small number—not more than one-eighth of the profession even nominally connected with it—the wonder is not that so little, but so much has been done; and her *Transactions*, in this view, compare favorably with those of similar organizations. Fault-finding is certainly improper on the part of those soldiers who sit idly in their tents, with the handful of their comrades who bear the heat and burden of the day. Sneers at "a cachectic pigmy"—for thus the reviewer styles the *Transactions*—come with a bad grace from one who should, but does not share the honors of paternity, or the agonies of parturition. By the way, this pigmy, this cachectic pigmy, is treated with seven pages and a half of Hoosier's criticisms; and it is of the violent sort—a potent instance of outrageous overdosing. Undoubtedly he is a poor, pigmy doctor.

The *Transactions* are not what they ought to be—and why? Simply because you, Diogenes, and hundreds more of your professional brethren, refuse aid. This truth should be noted and observed by every one reading this article who is not connected with the State society, or, being connected with it, is not laboring for its welfare. Come and help us do better, and we will have no more cachectic pigmies to suffer martyrdom at the hands of heroic critics. The few who are interested in the success of the State society, amid manifold causes of discouragement, not the least of which are the apathy and indifference in regard to it of the great mass of the profession, still labor on, looking to and hastening towards a better time, and

“Bate no jot
Of heart or hope; but still bear up and steer
Right onward.”

A word or two as to the critique itself. It seems pervaded by an *animus* demanding great charity on the part of any one who should pronounce it commendable. It is difficult or impossible to please one who is determined not to be pleased; and the facility of finding fault is directly proportionate to the desire. No philosopher wanders more readily into error than he who forms his hypothesis before analysis has determined, and synthesis arranged his facts; and thus, when Hoosier starts forth with the assertion that “the mode in which the society conducts the scientific part of its business is vicious in the extreme,” he will be sure to find in its *Transactions* evidences abundant as pestilent frogs in Egypt. But what of this charge in its details? Hoosier has fallen in some errors. Very seldom are persons placed upon committees through their own instrumentality, directly or indirectly exerted; and in the choice of those committees fitness determines the selection. Occasionally, it is true, some special committee is appointed, and he at whose instance this is done made chairman, to report upon a subject not embraced in the list ordinarily considered; and a report thus originating is published in the last number of the *Transactions*; but surely from so scanty an induction the critic's conclusion is not drawn. Again: The papers presented often are discussed, though in general the discussion is not as frequent nor as full as could be desired. The society does not “paternise” (a new word, truly,

and one which a critic should be cautious in introducing) the reports, any more than the editor of a medical journal endorses the thousand and one articles, original and selected, he publishes in the course of a year. We confess the society utters no "invidious whisper of the imperfections of the bad" reports presented and published. Really, our patience is tried by a critic, who, in the same sentence, uses a word that *has not*, and *ought not to have* any local habitation in our language, and *then* fails to use a word properly! "Paternise!"—what authority for this? "Invidious whispers of imperfections!"—why should the society be envious of imperfections? Hoosier oftentimes fails in propriety, precision and elegance of language—a remark that would not be made if he had not manifested in more than one instance a hypercritical disposition.

It is not necessary to enter into any formal defence of the papers published in the last number of the *Transactions*. Some of the criticisms are quite just, though, as a general thing, they are unnecessarily severe, especially when we consider that their author, unlike Achilles, has more than one vulnerable point; and, at any rate, I have no disposition to fight the battles of others. All the parties whose papers are assailed are abundantly able to take care of themselves.

The address of an Ex-President, which Hoosier attacks so zealously that old English fails to supply him with enough weapons, so he sends a new one, *whangdoodle*, which probably ranks in logomachy as the *boomerang* does in physical warfare—this address was unexpectedly requested by the society of the author, and delivered by him upon a few hours' notice. The rhetoric will bear criticism quite as well as Hoosier's composition, and, though the subject be trite, there are sentiments in the address worthy the thoughtful consideration of all physicians. Especially is this true of those in reference to the duties of the medical attendant to the dying—duties which, I doubt not, Hoosier recognizes, unless, perchance, he believes with Dean Swift, that "doctors should not give their judgment of religion, upon the same principle that butchers are not permitted to sit as jurors upon life and death."

The criticism upon the title, "*A Report on the treatment of Syphilitic Diseases, without the use of Mercury*," stating that it should be "*A Report on the treatment of Syphilis, without Mercury*," is correct; but the critic should take care of his own pen, and not

write "annual meeting last year." But I will have no hand in this syphilitic controversy—he certainly will find a "*Richmond* in the field;" only let me say that I fear the effects of such a paper are injurious more than beneficial—it furnishes text and proofs for an array of abominable quacks to rail against "calomel doctors." The "*Report on the Microscope*" suffers sadly at the hands of the critic; and, since the revelation made by him, I must erase from my stock of poetical quotations, prepared for ventilation after our next professional entertainment, the famous couplet of Bishop Berkley, commencing "Westward the star of empire."

The report on fractures and false joints, and that on medical education, the critic speaks favorably of, but, of course, has some fault to find. In regard to the author of the latter, let me assure Hoosier that there is no "aberration" to be relieved by a lucrative medical professorship, for more than once has such an offer been made, but declined for conscience' sake: he is heart and soul enlisted in the cause of reforming medical education, and no honor or emolument can divert him from it.

An obituary notice in the *Transactions* has the favor granted by Polyphemus to Ulysses, the last to be devoured; and with "a bad example in taste and duty" it disappears. It was distinctly stated in the sketch itself, that it was written to atone for neglected duty, for the society takes such notice of the death of members. While the publication committee transcended, in this regard, their duties, it was proper under the circumstances.

In terminating this review of a review, let me again, sincerely and in all earnestness, invite Hoosier to take part and lot in the State society: it is a duty he owes to the cause of medical science, and to his professional brethren. He has unintentionally fallen into some errors respecting the State society, and I have endeavored to show wherein he was mistaken; he has criticized the *Transactions* without mercy, and sometimes, I believe, unjustly—but *ultraism*, even in a critic, is preferable to *citraism*, and I would endeavor to judge him charitably, for we are all too prone to think harshly of one who tells us our faults, and I believe that Hoosier's criticism will be mainly beneficial.

I intended correcting some other mistakes in reference to the society into which the critic has fallen, but this article is already much longer than I intended when I commenced writing.

Reviews and Notices.

A PRACTICAL TREATISE ON ENTERIC FEVER: its Diagnosis and Treatment. Being an Analysis of one hundred and thirty consecutive Cases derived from Private Practice, and embracing a partial History of the Disease in Virginia. By JAMES E. REEVES, M.D. Philadelphia: J. B. Lippincott & Co. 1859.

We like this little book by Dr. Reeves very much, and have found its perusal more than usually interesting. It is essentially a record of personal observations and deductions, evidently made up with more than ordinary carefulness and judgment. The cases of enteric fever, which are the foundation of this little volume, were originally reported during the year 1856, for the pages of the *Buffalo Medical Journal*. The articles thus furnished have been rewritten, and considerable matter added, so that we have before us a complete treatise on the subject.

The symptomatology, anatomical lesions, history and causes, duration, complications, terminations, sequelæ, diagnosis, prognosis, nature and treatment of enteric fever, are the various points elaborated, and are conveniently arranged by Dr. R. under *ten chapters*.

In part, Dr. R. is governed entirely by his own observations, made in the one hundred and thirty cases which he takes for his study; and the points thus brought out are especially satisfactory—thus, we may call attention particularly to chapters II., III., V., and VI., which treat of the symptoms, history and causes, and the duration and complication of the disease. So that while, perhaps, we can hardly say that Dr. R. presents anything materially new or different from what has been detailed by previous observers, yet his delineation of the history and detailed features of enteric fever are distinct, and valuable, as confirming the observations of others already on record.

It appears that Dr. Reeves had not such opportunities for pathological investigation as would have been desirable, and with characteristic modesty has simply incorporated the views of Dr. Wood, as found in his work on Practice, to fill up the break in the thread of his record.

Dr. Reeves has given us his views of the *actual nature* of enteric fever; but these views are, after all, but theoretical, only the hypothesis of our author, and, of course, are not to be taken for more than speculative notions, without definite evidence of the truth. The following quotation gives in brief his hypothesis: He regards "enteric fever to be the result of a specific poison, by some means introduced into the blood; that, in the attempt to eliminate this poison from the blood current, the glands of the bowels, whose office is assigned to be that of eliminating any putrescent accumulations from this fluid, becomes overburdened, and thenceforth result in more or less change of structure; that, by such a change, the channels, also, through which the nutriment reaches the blood are more or less obstructed; that, in consequence of this, the blood becomes additionally depraved; and that these causes, primary and secondary, acting together, are capable of giving rise to the several conditions characteristic of enteric fever." There is manifest room for criticism in these speculations, but we can scarcely take time at present to enter into such a discussion.

We might also take exception to the conclusions to which Dr. R. comes in reference to the contagious character of this disease. He presents what he regards as satisfactory proof of contagion; but so much has already been presented, so entirely opposite in character, that we feel very slow to yield our assent to the truth of his views in this particular.

Notwithstanding these exceptions, however, which we make in the kindest spirit, the book is an instructive one, and we cordially commend it to our readers, with the exhortation to all to go and emulate the commendable spirit of original observation and independent investigation which Dr. R. has so manfully exhibited.

For sale by Rickey, Mallory & Co. Price, \$1.00 .

A SYSTEM OF SURGERY: Pathologic, Therapeutive and Operatic. By SAMUEL D. GROSS, M.D., Professor of Surgery in the Jefferson Medical College of Philadelphia, etc., etc., etc. Illustrated by nine hundred and thirty-six Engravings. In two volumes. Philadelphia: Blanchard & Lea. 1859.

We have not examined this large and handsome work with great thoroughness, but from a somewhat superficial looking over of the matter of these two spacious volumes we can not but sup-

We call attention to our prospectus for 1860. It will be seen that the inducements held out to clubs are unusually favorable, and such as to make the price of this journal, to almost any one who desires to avail himself thereof, practically a *Two-Dollar Journal*.

We trust our friends everywhere will commence at once, and arrange for clubs for next year. It is of the utmost consequence to us to know at the beginning of the year what issue our circulation will demand, that we may publish enough to supply the demand, without unnecessary surplus and consequent expense. For two years past the editions of our earlier months were exhausted before the expiration of the first half of the volume. We trust to be able to avoid this annoyance for the future.

The scope of this journal is now so well known in this great interior valley, that no promises of ours seem called for; suffice it that we shall not suffer the *Lancet and Observer* to flag in value or interest of its practical matter, or in the tone of its editorial spirit.

In this connection, we have a parting word for those who have suffered themselves to fall back into the *delinquent list*. Although the pecuniary condition of the journal was never so good as now, yet there are still a large number who have not responded to bills sent out some months ago. We hope all such will see to it that all is closed up before the issue of the December number. Let us begin the new year with books all squared up—we shall all feel so much better towards each other.

The Medical College of Ohio.—The fortieth session of this institution commenced its regular course of instructions on Tuesday evening, October 18th, with an introductory lecture by Prof. John A. Murphy. For several weeks previous there had been regular morning clinics held at the Commercial Hospital, and dispensary clinics at the college each afternoon, presenting a variety of interesting practical matter to the students who were thus early on the ground. On Wednesday morning the regular lectures of the course commenced, with clinical lectures and operations at the hospital, by Prof. Graham in clinical medicine, and Prof. Blackman in clinical surgery. This first day at the hospital gave promise of a most valuable and attractive winter's teaching and demonstrations; several operations were pre-

sented before the class, the most important being an exsection of the knee joint for ankylosis, and the reduction of a dislocated femur by Reed's method. The amphitheatre was filled with students, and a respectable number of medical gentlemen of the city and vicinity were present as visitors. In this connection, we may remark that the prospect for a very full class is unusually good, the course opening with about one-third more than at the corresponding date of last winter's session.

The American Medical Association: Its Presidency.—We have received the following resolutions, which were presented to the last meeting of the Illinois State Medical Society, and laid upon the table until its next annual session. We insert them with pleasure, and with but brief comment. It is certainly unfortunate that precedent has so far established the custom of selecting the President of our American Medical Association from the locality of its annual meeting; and this custom has been freely and fully commented upon by a large proportion of the medical press of the country—so freely, indeed, that we scarcely feel called upon, in this connection, to enter into any particular discussion of the question. It would seem that, when the annual meeting of the National Association convenes, the courtesy of the members becomes more enlarged than when in State conventions, or sitting under editor's tables: and thus far the prevailing disposition has been to yield the presidency to the claims of the city whose hospitality is being enjoyed. Fortunately, thus far the gentlemen who have been elevated to that honorable position have not been such as to bring any discredit to the position of the association—a fact, however which does not affect the argument.

WHEREAS, The American Medical Association is a national organization, composed of delegates and members from all parts of the United States, meeting on terms of perfect equality; therefore—

Resolved, That, in the opinion of this society, all the officers of the association should be selected strictly with reference to merit, and without any regard to their places of residence.

Resolved, That the custom of selecting the president of the association exclusively from the profession of the city in which the annual meeting is held, is not only derogatory to the general character of the organization, and calculated greatly to lessen the honor which should attach to that office, but past experience has shown that it leads directly to local divisions, jealousies and injurious, partizan strife.

Resolved, That the delegates from this society to the association be, and are hereby instructed to use their influence to abrogate the custom alluded to in the preceding resolution.

Resolved, That the Secretary be directed to furnish copies of the foregoing resolutions to other State and local medical societies, and ask their attention to the same.

Prof. Murphy's Introductory.—A sense of propriety to our colleague forbids any lengthy or special notice of his address, at the opening of the present course of lectures. We may, however, say that it was well received by a large and appreciative audience of medical students, physicians, and lady friends. The Doctor dwelt with characteristic earnestness upon the honorable position members of our profession had occupied throughout the world, in all ages, and the real contributions they had made to all the departments of science, art, and letters. In reviewing the honorable names in medicine, he paid a passing tribute to the worth and virtues of the distinguished men who have at different times been associated with the history and fortunes of the Medical College of Ohio. Finally, he exhorted the young gentlemen present to embark in the pursuit of professional attainments of a high character, and, above all, to be honorable men in the profession, and forever rise above all sham, and cant, and meanness of every sort.

Dr. J. R. Black : Inflamed Lips.—Dr. J. R. Black, an occasional contributor to this journal, formerly of Linnville, Ohio, at present at Cambridge, in this State, writes us in reference to inflamed lips and mouth thus: "In a peculiar form of inflamed lips which I meet with, with vermilion border, and sometimes the mucous membrane as far as the gums much inflamed, I lay aside borax, yellow root, nitrate of silver, etc., etc., and use the following, which I think a specific:

R Glycerine, f3 iv.

Tincture Sanguinaria Canadensis, f3 j.

Tannin, ʒ j.

M."

The Secular Press and the Academy of Medicine.—Some of the leading newspapers, we regret to see, are unsparing in their criticisms on the late discussions in the Academy touching the subject of yellow fever and sanitary regulation. They ridicule the

question of *Fomites*, and seize the opportunity not only of abusing medical men, but of stating in so many words that they have no faith in medicine; that it is simply a mass of *charlatanerie*, etc. These appeals to popular opinion must result unfavorably. They are calculated to dilute the moral influence of our profession, and their inevitable tendency is to bring its members into disrepute. All this arises from the Academy allowing its proceedings to be published in the daily papers. The whole thing is wrong, and we hope the influential among the Academicians will act promptly and effectually on this subject at their next meeting.—*N. Y. Med. Press.*

Introductory Exercises in the New York Medical Institutions.—The regular courses of medical teaching commenced in the New York medical schools on Monday, October 17th. In the University Medical College, Prof. Van Buren gave the introductory; in the College of Physicians and Surgeons, Prof. Clarke; and in the New York Medical College, Prof. Bryan, the newly-elected Professor of Anatomy.

Very interesting exercises marked the opening of the regular clinical course for the winter in Bellevue Hospital. An address of some length was given by the venerable Dr. John W. Francis, who was followed by Drs. Gilman and Metcalfe. Dr. Wood, one of the surgeons to the hospital, announced the *Elliot Prize* of \$50 for the best anatomical preparation of the fascia of the female pelvis.

Memphis Medical College.—By the annual announcement of this school, which we have received, we see that the faculty has been reorganized, and has received a strong accession in the election of Dr. L. P. Yandel to the chair of theory and practice of medicine. Dr. Yandel was formerly a strong support to the University of Louisville, and, we doubt not, will add material vitality to the school at Memphis.

The Eclectics of this city.—After two or three years of biting and devouring at each other, that branch of the eclectic fraternity which had its head quarters on Walnut street, and enjoyed the leadership of Cleveland & Co., has hung out the flag of distress, and drifted up on a sand-bank. We see that, since the capitulation, a portion

of the crew has been taken on board the old hulk, on Plum street. Cleveland, however, still seems to be out on the beach, high and dry. Verily, the way of the transgressor is hard.

Appointment.—Dr. S. W. Butler, senior editor of the *Medical and Surgical Reporter*, has been appointed Chief Resident Physician to the Philadelphia Lunatic Asylum.

A New Hospital in London.—The *Netley Hospital* is the name of a new hospital about being completed in London. It is said to be as large as the Crystal Palace, and six times as large as Guy's Hospital. It will accommodate between 1000 and 2000 patients, and will surpass any other institution of the kind in the world.

Books Received.—From Messrs. Blanchard & Lea, of Philadelphia, we have received *Habershon* on the Alimentary Canal, and *Flint* on the Diseases of the Heart: from Lindsay & Blakiston, *Tomes' Dental Surgery*, and *Taft's Operative Surgery*. These, together with other works already on our table, will receive early attention.

—The proceedings of the Brownsburg (Ind.) Medical Society are received too late for insertion in this number of the *Lancet and Observer*.

—Prof. George Regnoli, of the School of Florence, died recently. He was one of the most celebrated operators in Italy, having been the succeseor of the celebrated Vacca Berlingheri at the University of Pisa.

—Dr. J. G. Nott is hard at work making purchases for the Mobile Medical College. He says: "The collection of Vasseur, where I obtained the largest portion of articles purchased up to this time, is a very rich one. I have from him a complete system of osteology, from the earliest period of infancy up to adult age, representing the system in every phase that the most minute demonstration could require. I have from Vasseur, also, an extensive and very valuable collection of diseased bones, which will be extremely useful in practical teaching. In addition to these, I got from him some models of diseased eyes, which are excellent; various little models in wax; and beyond all this, a series of comparative anatomy."—*Exchange*.

Editorial Abstracts and Selections.

PRACTICAL MEDICINE.

1. *On the Treatment of Hooping Cough.*—Dr. C. M. Müller, of Berlin, advises the use of small doses of morphia in the treatment of hooping cough. *Ranking's Abstract* for July, 1859, gives his article in full, from *Jour. für Kinderkrankheiten*, Nov. and Dec., 1857. He concludes his remarks upon the pathology of hooping cough by saying that "what we do see is preëminently a peculiar nervous affection connected with bronchitis." He proceeds: "In the treatment of hooping cough we must bear the nervous element prominently in mind. To this we are compelled, whatever theory we may hold in respect to the disease. If we succeed in removing that which distinguishes pertussis from an ordinary bronchitic cough, or, in other words, if we succeed in changing the affection into a common catarrhal cough, we are content. We consider then that our work is done; and yet what is removed is nothing more than the purely nervous element. Experience has shown that all the influences which are capable of stimulating and increasing the renal function, act favorably on hooping cough, as fresh air, a regulated diet, attention to the bowels, etc. Having in the latter point of view duly acted on the liver and intestinal canal, we must now endeavor to exercise a direct influence on the peculiar affection of the nerves, which presents itself in hooping cough. Dr. Smith [Dr. Edward Smith, of London, whose views he has previously quoted,] is quite of the same opinion, and, as I have done, has directed his attention, not to belladonna or hemlock, aconite or henbane, but to morphia. 'I endeavored,' says Dr. Smith, 'to ascertain in what doses morphia may be given to children without affecting the head, and how far the dose may be continued.'" Dr. Smith's results appear very favorable, improvement following in two days, and the spasmodic hoop giving away in from three to ten days. Dr. Müller proceeds to sum up his own experience thus: "I have in my own practice obtained precisely similar results. I have commenced in very young children with the sixtieth part of a grain of

morphia, and have increased the dose to the fortieth, or even to the thirty-sixth part of a grain, until a slight degree of narcotism or drowsiness has been manifested, and I have then persevered with the same dose until the hoop has quite ceased. My experience of the remedy is such as to enable me conscientiously to recommend this mode of treatment to my colleagues. And what Dr. Smith says on the subject is likewise very encouraging :

“ ‘In hospital and private practice,’ he says, ‘I have repeatedly used morphia in whooping cough, and always with a satisfactory result.’ It is, however, necessary, as Dr. Smith points out, that the diet and state of the bowels of the children should be strictly attended to.”

Dr. Whitehead (see same number of *Ranking*,) takes similar views of the nature of whooping cough and its controllability. He says : “Notwithstanding the notion, extensively prevalent, that whooping cough is uncontrollable by remedies, or that it can be benefitted by change of climate, there is no reason to doubt that, if brought early under treatment, the symptoms may not only be moderated, and other contingent diseases warded off, but its duration may be materially shortened.”

The remedy, however, that Dr. Whitehead seems to have found most effectual in cutting short the extent of the disease was belladonna, rather than opium.

“The remedies employed were, in the simple cases, or when the complicated cases had been reduced by treatment to this condition, Dover’s powder, alone or combined with camphor, camphor inhalations, emetics, belladonna, and local irritants ; but always with either opium (Dover’s powder) or belladonna as a principal remedy. Sometimes the Dover’s powder was replaced by tincture of opium, given in camphor or other aromatic water. The general modes were thus reduced to the *opium treatment*, and the *belladonna treatment*, the results of which are as follows :

“Opium was commonly given in form of Dover’s powder, in doses of one grain (containing one-tenth grain pure opium) or one or two drops of the tincture in aromatic water, twice or thrice daily. Frequently the Dover’s powder was combined with an equal quantity of camphor, and sometimes with half or quarter of a grain of calomel, twice or three times a day for a child twelve months old. This mode of treatment had an excellent effect in

many cases. An equally successful result was often obtained by an emetic (five grains or more of ipecacuanha powder) given in the morning, and two grains of Dover's powder with or without camphor, at bed-time. No other medicines in the interim. By these measures 58 cases were treated and cured, on the average, in 28 days."

"Belladonna was used in 76 cases. It was given in the form of powder of the leaves, never the extract, as this is an uncertain preparation; and sometimes in form of solution of the nitrate of atropia. When in the form of powder, half a grain, mixed with five grains of sugar, was given to a child twelve months old, twice a day; then, after two days, if well tolerated, three times, then four times a day or oftener, and in larger doses, being gradually increased until a specific effect was produced. The solution of nitrate of atropia was prepared so as to contain one ninety-sixth of a grain in a teaspoonful of the liquid; this dose of the salt is equal in its therapeutical effect to about half a grain of the powdered leaf, so that a teaspoonful of it may be given twice or thrice daily to a child twelve months old." Dr. Whitehead sums up the result of these 76 cases thus treated by belladonna, thus: "Nine were very irregular in attendance, the treatment often being interrupted for a week or ten days at a time. In the other 67 cases, in some of which the attendance was also irregular, the average duration of the treatment was 22 days, being a decided preference to this remedy."

By comparison, however, with Dr. Müller's and Dr. Smith's experience, it will be seen that the treatment by small doses of morphia, pushed to mild narcotism, was the most effectual in cutting short the period of duration.

2. *Antiperiodic Properties of the Hypophosphite of Quinia.* By ARCHIE B. COOK, M.D., Demonstrator of Anatomy, University of Louisville.

During the early part of September, I prescribed the hypophosphite of quinia in five cases of intermittent fever, in all of which the medicine acted promptly and efficiently. It was exhibited in pilular form, each pill containing two grains of the salt, with q. s. of the ext. gentian to make mass. In each case twenty grains were exhibited during the intermission, the quantity taken at each

dose, and the intervals between the doses being regulated by the length of the intermission. In all the cases I endeavored to have the whole quantity taken, at least two hours previous to the access of the paroxysms. The same quantity (20 grs.) was exhibited on the next or second day following, as the case proved to be of the quotidian or tertian type; after which five grains were given daily for four or five days. From two to three weeks have now elapsed without a recurrence of chills in any of the cases treated.

Three of the patients were interrogated with reference to the head symptoms, and in no instance was any allusion made to those disagreeable sensations (as buzzing and singing in the ears) which so frequently follow the administration of the sulphate in even small doses.

I used the remedy uncombined, to test its properties as an individual antiperiodic. From what we know of the action of the sulphate of quina, in combination with opium, or some of its various preparations, we would infer that a small quantity of the hypophosphite in similar combination would interrupt the periodicity of the disease.—*Semi-Monthly Med. News.*

3. *Arsenic in Obstinate Chronic Bronchitis.*—Dr. Wood observed that his attention had long since been attracted to the probable existence, in certain cases of obstinate chronic inflammation, no matter in what part of the body it might be situated, of the same state of system which gives extreme obstinacy to some cutaneous eruptions, such as psoriasis and lepra. This view is of practical importance; as arsenic, having proved a most effectual remedy in the cutaneous affections alluded to, might be equally beneficial in obstinate chronic inflammation elsewhere, if possessed of the same systemic character. The idea is not a new one. Professor Simpson, of Edinburgh, having been led to the supposition that a certain obstinate affection of the bowels, not uncommon in that city, was of a nature similar to cutaneous eruptions, employed arsenic in it with very beneficial effect. The same remedy has been long employed in obstinate periostitis, and with great asserted benefit in chronic nodosities of the joints of a rheumatic character. I have frequently thought of using it in chronic bronchitis, which had resisted ordinary treatment, but never carried the idea into

effect until, in a case of nine or ten years' duration, which came under my notice some time since, connected with psoriasis of the face, I had a fair opportunity of trying the remedy. Under the use of Fowler's solution, in the dose of from three to five drops, three times a day, continued for six or eight weeks, the cutaneous eruption and chronic bronchitis were both so much relieved that the remedy was discontinued. Indeed, both affections had almost, if not quite, disappeared; and the patient had not been equally free from his bronchial affection at any time for years before. In consequence, however, of apprehension of injury to the stomach, not well founded, I believe, he prematurely omitted the medicine; and three or four months afterwards both affections began to reappear. I am again using the solution in the case, and thus far with a similar result.—*Transactions of the College of Physicians of Philadelphia.*

4. *Stomatorrhœa Vicarious to the Menses.*—Dr. Wood made the following statement: "During my last term of service in the Pennsylvania Hospital, a case of stomatorrhœa occurred, which appears to me worthy of notice. The patient was a woman, of about twenty-five years of age, in other respects apparently in good health. She had for three months been affected with a very profuse and disagreeable discharge from the mouth, which she herself supposed to proceed from the stomach. I soon, however, convinced myself that the liquid discharged was a mixture of saliva and a mucoid secretion from the lining membrane of the mouth and fauces. It was nearly colorless, somewhat viscid, and of an unpleasant odor and taste, and appeared to be constantly flowing. As there was evidence of some inflammation of the mucous membrane, I considered the case one of simple chronic stomatitis, and treated it accordingly, both by general and local remedies, for a considerable time, but without the slightest advantage. My attention having at length been directed to the menstrual function, I found that it had been arrested about the same time with the occurrence of the discharge from the mouth. Thinking that the two affections might be connected, I put the patient on the use of aloes and the pill of carbonate of iron, with the hot hip-bath daily, which apparently had the effect of restoring menstruation, after which the affection of the mouth ceased immedi-

ately. This case may prove useful, if in no other way, by inducing an early inquiry into the state of the menstrual function under similar circumstances."—*Transactions of the College of Physicians of Philadelphia.*

3. *Common Salt in Epistaxis.*—At a previous meeting of the College of Physicians of Philadelphia, Dr. Casper Morris reported a case of obstinate epistaxis, which had yielded promptly to the use of common salt, taken into the mouth in doses of a teaspoonful. At the meeting of the College for May, 1859, Dr. Hays stated that he had been induced, by the report made to the College in November last of a case of epistaxis promptly arrested by the administration "of common salt taken into the mouth in doses of a teaspoonful," to try the remedy in an obstinate epistaxis to which he had been recently called.

The subject of this case was a lady eighty years of age, who was seized with profuse epistaxis about midnight, and when seen by Dr. Hays two hours afterwards was still bleeding copiously; at least eight ounces of blood had been lost. Cold applications to the nose, forehead and back of the neck, which had been already used, were repeated, and these failing, the salt was administered as recommended by Dr. Morris, but without the least benefit. The hæmorrhage was finally arrested, but not until about fourteen ounces of blood had been lost, by the application to the inner surface of the nostrils by means of a camel's hair brush, of the tinctura ferri chloridi. At first this was applied diluted with about one-third of water; but afterward it was used still stronger.

It is proper to state that the difficulty in arresting this hæmorrhage arose in great part from the impossibility of preventing the patient from blowing her nose and thus displacing the clot, or from drawing out the plug with her fingers. For the patient, though willing to do what was desired, from her weakness of memory would repeatedly do that against which she was especially cautioned, and despite the watchfulness of her attendants frequently renewed the hæmorrhage by displacing the coagulum.

Dr. Levick said a case of epistaxis had come under his notice, in which the use of common salt had entirely failed to arrest the hæmorrhage. The patient was a man of about forty years of age, a free liver, who had for several years been liable to such an

attack in the month of February. No attempt was made to suddenly check it; but when it became exhausting, common salt was resorted to, but proved entirely unavailing. The bleeding was at last arrested by plugging the nostrils with conical pledgets of lint, rolled in powdered kino.

Dr. Ruschenberger also had tried the salt, as recommended by Dr. Morris, in a case of obstinate *Epistaxis*, without effect. The patient was an old gentleman; the bleeding continued until the plug of lint was resorted to, as in the case referred to by Dr. Levick.

Dr. F. Bache remarked, in reference to remedies proposed for hæmorrhages, that it was often difficult to distinguish the event from the result in these cases on account of their tendency to a spontaneous termination; and that, hence, the accidental coincidence of a cessation of the hæmorrhage with the administration of a remedy might lead to a very erroneous estimate of the value of the latter.

Dr. Hewson referred to a case of *epistaxis* occurring in the course of an attack of *purpura*, in which the use of Monsel's persulphate of iron, internally, in doses of two grains dissolved in a drachm of water, every four hours, promptly checked the hæmorrhage, and gradually cured the general disease.—*Transactions of the College of Physicians of Philadelphia*.

6. *Case of Chorea Cured by Arsenic*.—M. Ernest Barthez communicated a case of *chorea* speedily cured by arsenic. A little girl of eight years old, previously quite healthy, was, after a violent fright, seized with involuntary movements, which first appeared in the hands. Six weeks afterwards she was admitted into the hospital *Sainte-Eugénie*. On inquiry, there appeared never to have been the slightest symptom of rheumatism; none of the child's relatives had been affected with any nervous diseases. The *chorea* was of a moderate degree of intensity. Movements of prehension and locomotion were irregular, involuntary, or ill-combined. Perfect immobility was impossible. There was neither anæsthesia nor paralysis, though she could not grasp for any length of time the hand when presented to her. On the 23d of March she was ordered the twelfth of a grain of arsenious acid, divided into three doses. Next day there was noticed a slight

limbs are much pained, the muscles lose their power, and he gradually sinks into a state of scarce imaginable debility. Some diminution in the movements. As the arsenic had been well borne, the quantity was raised to the sixth of a grain, to be taken in four doses. As this, however, caused vomiting after the fourth dose, the use of the arsenic was discontinued. On the 25th she was decidedly better; in walking, her feet were more firmly planted on the ground. On the 26th the use of the arsenic was renewed, the twelfth of a grain to be taken in three doses. On the 27th improvement was progressing; dose of arsenic was increased to the sixth of a grain. On the evening of the 28th, as there was some redness of surface and loss of appetite, the dose of arsenic was diminished, and on the 29th its use was discontinued. On the 5th of April the cure was complete.—*L' Union Médicale*.

We certainly can not approve of the large doses administered in this case; for, as will be observed, poisonous effects were very speedily developed. Smaller doses, continued perhaps somewhat longer, would no doubt have proved equally efficacious.—*Virginia Medical Journal*.

7. *Tannin in Albuminous Anasarca*.—The following are M. Garnier's conclusions: 1. Tannin in the dose $3\frac{1}{2}$ to 3 j. per diem cures anasarca or œdema when passively developed and coinciding with albuminous urine; 2. Its curative action is manifested by the abundant flow of urine, which gradually assumes its normal characters by transpiration, easy alvine evacuations, recovery of appetite, etc.; 3. These signs of its action appear after the second day of its administration; 4. Given in solution of doses of from grs. iij. to grs. vij. at a time, it produces no disturbance of the digestive organs; 5. Its action seems to be primarily exerted on the fluids of the economy, coagulating and plastifying their albuminous principles. Its action on the solids seems to be consecutive, tonic, and astringent.—*Med. Times and Gazette*.

8. *Presence of Albuminuria in Croup, and its Progressive Value*.—Dr. Sée, physician of the Children's Hospital, has recently demonstrated that the urine of all of his little patients who were attacked with diphtheritis (*angine couenneuse*), or with

croup, contained albumen. This fact is an additional proof of the infectious nature of diphtheritis. The most important instruction derived from these researches is that the disappearance of the albumen always coincides with the amelioration of the disease; as soon as the cure is effected the albumen is no longer to be found. This is then a most important prognostic sign, and well worthy of interest to the practitioner. Messrs. Bouchut and Empis, who have tested this point, state that they found albumen in the urine only eleven times out of fifteen experiments. Even this figure proves the importance of M. Sée's statement.—*Translated from the Bulletin de Thérapeutique.*

9. *Subcutaneous Injections of Medicines.*—The injection of the salts of morphia, and other medicines, into the cellular tissue, in cases of neuralgia, seems to be all the rage at the present day; and from the enthusiasm with which this method is spoken of, both in the profession, and especially among the laity, there is danger that a reaction may occur, which will for a time cast into the shade a really valuable means of controlling this painful disease. There can be no question of its success in cases where all the ordinary internal treatment has been perseveringly and judiciously tried, but it not unfrequently fails, partly from being employed in cases for which it is not suitable, but sometimes without known cause. We are glad to see that the subject of subcutaneous injections of medicines in general, and especially of quinine in intermittent fever, will make the subject of a report before the American Medical Association, at the next annual meeting, in June, 1860, by Dr. Ignatius Langer, of Davenport, Scott Co., Iowa, who invites the coöperation of the profession in the preparation of his paper. We can assure our readers that Dr. Langer is capable of doing justice to this important subject, and we hope that all who have had any experience with this mode of treatment will communicate the results to him.—*Boston Medical and Surgical Journal.*

10. *After Effects of Diphtheria.*—Dr. Faure, of Paris, has, in a series of cases collected from various sources, directed attention to a peculiar sequela of diphtheria, in which, some time after all trace of the original complaint has completely disappeared, the patient becomes, without known cause, pale and colorless, the

times one portion of the frame and sometimes another seems to suffer most. The legs can no longer carry the body; the arms lose their power; the soft palate dangles like a dead curtain; swallowing, and even breathing, become almost impossible; the pupils are dilated, and vision much impaired; sensation is diminished and sometimes entirely lost, or replaced by formication. In some, sundry parts of the body become cedematous, in others gangrenous; others again are subject to repeated faintings. General reaction is not observable, fever rare, the skin in a certain degree moist. Reason flashes betimes through the gradually increasing dull stupidity, or a wandering smile may now and then light up the vacant countenance; and death finally closes the scene either by syncope, or as the last stage of exhaustion, like a gradual extinction of life. This affection has been referred to by Bretonneau, Trousseau, Blache, and others. Bretonneau regards these symptoms as the effect of a diphtheritic blood-poisoning. The most successful treatment has consisted in the administration of quinine and iron.—*Ed. Med. Journal*, March, 1859.

SURGICAL.

11. *Death of a Patient during the Inhalation of Sulphuric Ether.*

We are not aware that any case has occurred in which death was clearly produced by the inhalation of sulphuric ether. By this we mean, that no case has occurred to our knowledge without some lesion being found after death sufficient to account for the fatal result. A large number of deaths have taken place during the inhalation of chloroform, where the patients were in perfect health before the anæsthetic was administered, and where no disease was found at the autopsy. Indeed, it would seem that death occurs most frequently when chloroform is inhaled for slight operations, such as the extraction of teeth, or the avulsion of toenails. We do not mean to say that similar results may not, in very rare instances, have happened when ether has been inhaled, but we have never heard of such, and unless it be shown that they are as frequent with ether as with chloroform, the former agent must be regarded as safe, and the latter as dangerous.

The following interesting case was reported to the New York Pathological Society, by Dr. Alonzo Clark, in whose practice it

occurred. It will be noticed, that apart from the circumstance that death took place while the patient was under the influence of ether, the case is of great interest in a physiological point of view, from the coincidence of a disease in the cerebellum, and a marked peculiarity of the movements of the patient. She was a woman, 27 years of age, who entered Bellevue Hospital for frequently recurring attacks of intense headache, accompanied with excessive nausea, vomiting and vertigo. At times the pain was intense, causing her to scream and to throw herself about. For the last four or five weeks of her life there was a constant unsteadiness in her gait, and also a marked irregularity in the movements of her hands when engaged in any occupation. She frequently rolled out of bed, and invariably rolled toward her left side. On the morning of her death she would have once or twice rolled out upon the floor, had she not been prevented by the other patients near her. The general inaccuracy of her movements became much increased during the last week of her life. Double vision was a marked symptom, and the right eye became so much impaired in its vision as to be nearly useless.

The only remedy which relieved her sufferings was the inhalation of sulphuric ether, which for this purpose was entirely successful. It had been employed three times without any unpleasant effects, two or three ounces having been used each time. On the 25th of April last, after she had been three months in the hospital, she was suffering intensely, and ether was administered as before. In a few minutes voluntary respiration ceased, the countenance became slightly livid, the pulse rapid, but of tolerable strength. She was immediately carried to the window, laid upon the floor, and artificial respiration was kept up for seven hours. Other means were used, as dashing hot and cold water on the body, electricity, ammonia, and injections of hot brandy and water. The pulse remained perceptible for twenty minutes; the hue of the countenance improved at first, then became more livid, and alternated slightly in this way for several hours. At the end of six hours, dark blood began to trickle from the mouth and nose; and at the end of the time specified, efforts at resuscitation were given up as useless.

At the autopsy, there was found a tumor, occupying the right lobe of the cerebellum, three inches in length, two and a half in

width, and three-quarters of an inch in thickness. It was jelly-form in consistence, semi-transparent, and was composed of a hyaline material, containing a great abundance of little cells, some of which had nuclei of considerable size, and others, smaller nuclei. It was vascular, and resembled colloid matter as much as anything else. It pressed upon the medulla oblongata and the inferior point of the fifth ventricle, upon the calamus scriptorius. The blood was everywhere fluid and dark-colored, and the veins of the head contained a notable quantity of air.

In the words of Dr. Clark, Is this really the first case, or one of the first cases, of mortal issue from etherization; or did death occur in consequence of the presence of this tumor, which is in the same position, and a great deal larger than in other fatal cases reported; or did the existence of this tumor, in the position seen, render it more dangerous to administer ether? It is impossible to decide. In two cases of tumor of the cerebellum, which Dr. Clark quoted from the *Liverpool Medico-Chirurgical Review*, death occurred quite as suddenly as in this instance, and he was led to remark that it is probably a more common cause of sudden death than is generally known. Suppose the patient had inhaled chloroform instead of ether, would the advocates of the former anæsthetic generally attribute the death to the chloroform or to the tumor? We guess the latter. For the facts in the case, we are indebted to the *New York Monthly Review and Buffalo Journal*.—*Boston Med. and Surg. Jour.*

12. *Different Modes of Performing Lithotomy in the English Hospitals.*—A large majority of English surgeons employ the ordinary lateral method of lithotomy on a curved staff. There has been, however, a considerable disposition to endeavor to improve on it of late years. The median plan, so strongly recommended by Mr. Allarton, has been tried by not a few London surgeons, and amongst provincial ones has found a warm advocate in Mr. Teale, of Leeds. At the London Hospital it was first adopted by Mr. Ward, about two years ago, and since then has been employed by his colleagues, Mr. Critchett and Mr. Gowland, each in a single instance. All the three patients were children; all recovered well, and in all it was considered that much less than the usual amount of bleeding took place. At Guy's Hos-

pital, Mr. Cock has performed median lithotomy several times, and Mr. Erichsen has done the same at University College Hospital, both surgeons being, we believe, well satisfied with its results. On all hands it is considered to be best adapted for children and for small stones. At St. Bartholomew's, Mr. Lloyd still continues to operate in all cases by his recto-urethral (median) method, which we described in detail when he first adopted it in 1853. He informs us that he has not yet lost a case after it, and considers it decidedly preferable to the lateral operation. His colleagues, however, without exception, we believe, always employ the latter. At the Metropolitan Free, Mr. Hutchinson always employs his rectangular catheter-staff, and considers that he obtains great advantage from it. The same instrument has been employed at King's College, by Mr. Lee, but it is not, as far as we observe, in use at any other hospital. In a recent instance in which the calculus was of large size, Mr. Hutchinson injected the bladder with oil instead of water, in the hope of facilitating the dilatation of the parts.

With regard to the median operation as advised by Mr. Allarton, it is universally admitted to be adapted only for small calculi. Now, Mr. Lloyd's experience during the last few years has quite proved that when the anterior commissure of the sphincter ani is cut clean through from the perineal wound, there is no danger of the parts not healing. Might it not be well, therefore, to adopt this measure whenever, after the usual median incisions, the stone has been reached and has been found too large for removal? Mr. Lloyd's operation gives abundance of room.—*London Med. Times.*

13. *Ligation of both common Carotids, in treatment of Epilepsy.*—Prof. G. C. E. Weber, of Cleveland, reports in the October number of the *Cleveland Medical Gazette* an interesting case of this kind. The patient, a young German, aged 20, entered the hospital wards, of Cleveland city infirmary, March, 1857.

“When he entered the hospital his fits were very frequent, happening every day, mostly after dinner, and even twice daily, if anything occurred that would excite his mind. His constitution seemed to have suffered very little. He was a well built, rather muscular lad for his age, with all the secretions and excretions of his body in perfect order.”

"The patient was suffering for the last five months more or less, continually with headache, and a numbness and paretic condition of his arm, with painful formication in it an hour or so before an attack. His face was at times red, and at others rather of a cyanotic color—this particularly a little while before a fit. He complained of heat and heaviness of his head, and nausea, when he felt an attack approaching. His circulation was slow, but strong, the pulsations of the carotids plainly visible along their course, During the fit which I observed, the pulse was remarkably slow and irregular, beating for some seconds at the rate of certainly 120 per minute, and for others at the rate of 45 or 50.

"Jacob had been treated by several able physicians of our city, but found from nothing so much relief as from repeated venesections, recommended by my esteemed friend Dr. Roeder. The abstraction of blood had the effect to prolong the intervals, but exercised no radical curative influence on the fits."

From March until December, the patient was subjected to a great variety of treatment, "the patient was cupped and showered. *nitrum depuratum*, *digitalis*, *aconite*, *cathartics*, *alteratives*, and every thing was given that would tend to diminish or modify the circulation of the brain and medulla, so that the young man remained after a while free from a fit for ten or twelve days."

"Not gaining much with any treatment, I proposed to the patient the ligation of the left common carotid artery, as at once the best mode to change the circulation of the nervous centres generally, and of the left especially. To this he willingly agreed, being determined to have something done for effectual relief.

"On the 2d day of December, 1857, the patient was operated upon in the presence of Prof. John Delamater and the class of the Cleveland Medical College. The operation presented no particular difficulties. The artery was secured below the omohyoid muscle. The ligature was tightened gradually and slowly, and produced no untoward cerebral disturbance. Twelve days after the operation, the ligature came away, and a few days afterwards the wound closed entirely.

"For seven days the patient was free from fits, and felt completely relieved from his former distressing symptoms. The headache was gone, the paresis of the arm disappeared, and he could speak as distinctly as any one. He expressed his satisfaction with

the result of our operative procedure, being confident of its final good success, from the fact that he felt better than at any time during the last three or four years."

Gradually, however, the fits began to return, and become more frequent again, so that Prof. Weber determined still further to cut off the supply of blood to the brain by ligating the carotid of the opposite side. This he proceeded to do on the 19th of December, seventeen days after the first operation.

"When, by the gradual tightening of the ligature, the circulation had been entirely interrupted, the patient remarked that he felt as though a great pressure had been taken away from his head. He compared it to a feeling which a person experiences when a heavy weight, carried on the head for some time, is at once taken off. No sign of cerebral disturbance occurred at any time after the ligation.

"The ligature came away on the fifteenth day, so that soon after the wound closed without accident. The pulse, which generally, during the whole time I observed this case, had about sixty-five beats, became by degrees more frequent, and lost its remarkable fulness. The face was, for the first few hours after the operation, very pale, but then it showed a normal color.

"For five weeks after this second operation, the patient was entirely free from fits. They then returned for a time daily, and very lightly indeed, consisting, in fact, simply of short moments of unconsciousness, and a few convulsive movements of the muscles. Gradually they increased in severity, but diminished in number. For more than half a year he had an attack only once a week, or every two weeks. Since then, again, they became slowly more frequent, and now, nearly two years after the first surgical interference, he has an attack every two or three days. They are, however, by far not so violent as they were before the arteries were taken up. Never since have I observed the peculiar bending of the body at the termination of the convulsive stage of the fit, resembling, as remarked, *pleurosthotonos*.

"Never, also, have I since heard the patient complain of the numbness of his arm, or any of his former annoying symptoms, immediately preceding his fits, or during the intervals. He enjoys good health, but his intellect seems to have become a little impaired. I have no doubt but what, in time, he will become idiotic."

14. *Bibron's Antidote*.—Dr. D. O. C. Heery relates (*Atlanta Med. and Surg. Journal*, August, 1858) the following case of rattlesnake bite, in which he employed Bibron's Antidote with success :

“In traveling through South-western Georgia, in April last, I happened at the house of Col. B. Shortly after my arrival he informed me that one of his most valuable negroes had just been bitten by a large rattlesnake (*Crotallus confluentus*) while returning from the field. The negro was bitten on the ankle of the left leg. The snake inflicted a very deep wound, and within five minutes after the bite, before much pain or swelling had ensued, I administered one dose of Bibron's Antidote, in two tablespoonfuls of brandy, and the symptoms almost immediately disappeared. One hour after the bite pain and swelling returned, attended with considerable throbbing. I repeated the antidote, and in less than fifteen minutes the ankle had regained its natural appearance—all pain and swelling having vanished. Before returning I repeated the dose a third time. In the morning he was perfectly well, and resumed his duties in the field.”

15. *New Mode of Relieving Retention of Urine*.—Langston Parker, Esq., Surgeon to Queen's Hospital, Birmingham, states (*British Medical Journal*, May 21, 1859) that he has very recently succeeded, in two separate instances, in relieving retention of urine in the following manner :

“A gentleman lately entered my consultation room in great pain from retention of urine. He had not passed water for many hours ; the bladder was much distended. He stated that ineffectual efforts had been made to pass a catheter, during which operations he had lost a considerable quantity of blood. I attempted to relieve him by the catheter, but failed to do so ; I tried instruments of various sizes and various curves, but could not succeed in passing one into the bladder. I then took a No. 2 wax bougie, and inserted a small portion of potassa fusa into the end of it, after the manner proposed by Mr. Whateley, and practiced by Mr. Wade in the treatment of permanent stricture of the urethra. I well moulded the wax over all but the extreme point of the caustic, and passed it rapidly down to the point of obstruction ; by pressing against this for a short time it yielded, and I had the satisfaction of finding the bougie easily enter the

bladder. I directed the patient to strain as I withdrew the instrument; a stream of urine followed, and the bladder was emptied. The retention did not again occur, and very little irritation accompanied or followed the proceeding. On the next day the patient made water freely, but in a small stream.

"The second case was very similar. The patient had traveled some distance by rail. The bladder was much distended, the symptoms urgent, and a catheter could not be made to enter the bladder. A small wax bougie was armed as in the last case, passed down to the stricture, and firmly pressed against it. It yielded very shortly; the instrument entered the bladder, and a stream of urine followed its withdrawal. This patient had a second attack of retention two days afterwards, which was completely relieved in the same manner.

"A modification of this plan might be attempted by inserting a small piece of potassa fusa into the extreme point of a small gum-elastic catheter, and using it without the stilette. I am sanguine enough to hope that many cases of retention of urine might be easily and quickly relieved by the simple means I have suggested, and more formidable and dangerous operations thus frequently avoided."—*American Journal Medical Sciences.*

16. *Removal of Foreign Bodies from the Ear.*—Dr. W. I. Archibald, of Crawfordsville, Miss., writes to us that he has succeeded in removing a foreign body from the ear by the following method, after failing with every other instrument he could obtain; and he is convinced that it will answer in many cases:

"A circular piece of isinglass or court-plaster is to be cut of about two lines in diameter. Upon the back of this a thread of twelve or fifteen inches long is to be attached by means of a very narrow strip of plaster of the same kind placed at right angles over the thread. After this becomes dry a piece of muslin or cotton cloth is to be torn two inches long, and of sufficient width to be rolled around both arms of thread into a cylinder of required size and firmness. The ends of thread should next be drawn so as to bring the plaster upon the extremity of the cylinder. One end of the thread may be wrapped around the cylinder to keep it from unfolding. The meatus to the surface of the foreign body should now be freed from moisture, if present, which may usually

be quickly done by turning in the ear a few rolls of lint or soft cotton cloth. After this the surface of the plaster may be wet and applied to the foreign body. From five to ten minutes will perhaps be sufficiently long in all cases for adhesion to take place. On drawing out the plaster the foreign body will be removed with it.—*American Journal Medical Sciences.*

17. *Treatment of Spina Bifida by Iodine Injections.*—In a former number we gave some account of Dr. Brainard's treatment of chronic hydrocephalus, by means of injections containing iodine. In the *Chicago Medical Journal*, for September, is an article by Dr. Brainard, on the subject of the treatment of spina bifida, by the same means, from which we learn that he has operated five times, and Dr. S. G. Crawford, under his direction, twice. Of the whole seven cases, five were cured of the disease for which they were treated, one of which died seven months afterward, of chronic hydrocephalus. The subject of one of the fatal cases died in six weeks, in a convulsion, which occurred after the head was noticed to be enlarging, and its bones separating. The disease appeared to be nearly, if not quite healed, and the hydrocephalus was attributed by Dr. Brainard to closing the opening too soon, and to the effects of pressure on the sac. "Far from closing such an opening," says he, "the sac should be punctured if acute inflammation results from treatment, and the liquid drawn off."

The fluid injected consists of a solution of iodine and iodide of potassium, in water, the amount varying from one-fourth of a grain to four grains of iodine, and three times that quantity of the iodide of potassium, dissolved in from one drachm to several ounces of water. The immediate effect of the operation is pain and some febrile reaction; and if the quantity injected be large, some symptoms of cerebral compression are apt to occur. After the effect of an injection is past, it may be repeated as many times as is necessary, the strength of the solution being gradually increased, according to the effect produced. The puncture should be made in the sound skin, at the side of the tumor, and no more of the fluid of the tumor should be evacuated than the quantity of injection about to be thrown in. After the operation, collodion should be applied, in order to contract the skin, and this should be continued for some months after the swelling has disappeared.

The effect desired to be produced, according to Dr. Brainard, is a deposit of lymph upon the internal surface of the sac, and an adhesive inflammation of a moderate degree of intensity in the walls of the tumor.

Although the number of cases reported by Dr. Brainard is small, the result must be considered as highly successful, and the profession is much indebted to him for his courage and enterprise in putting this method of treatment to a practical test. It is true, the majority of patients affected with spina bifida are of such feeble constitution that any effort to prolong their lives seems not only hopeless, but undesirable. Still, a certain proportion live to adult age, and enjoy tolerable health, and it is reasonable to suppose that if the disease be cured early, the original weakness of constitution, of which spina bifida is one of the manifestations, can be more successfully combatted. In conclusion, we must express our regret that these extremely interesting cases should be so loosely reported; many important particulars being wholly omitted, and the usefulness of the observations is thereby considerably impaired.—*Boston Med. and Surg. Jour.*

OBSTETRICAL.

18. *Powerful Mental Impressions a cause of Deformity of the Fœtus in Utero.*—In the *Reporter* for August 27th, is an article by Dr. Zeigler on “Arrest of Development of the Uterus.”

It has become so fashionable to decry, as “old fogys,” those who have faith in the power of mental impressions of the mother over the fœtus in utero, so as to cause deformity, that in some circles it is hardly safe to profess faith in such power. I have never been able to see anything so very unreasonable in the doctrine as some profess to think it. I beg leave to give you the history of a case from my “notes,” and also a case as detailed to me.

From notes: “March 12, 1854; to-day confined, Mrs. C. Rowe, mother of two previous children; labor tedious; child a male; almost every part deformed; one foot drawn up and adherent to the side of the leg; anus imperforate; penis rudimentary. The child made a moaning noise, and lived about an hour. Could not get an examination after death.”

Remarks.—Mrs. Rowe called upon me when she was in the third month of gestation, and stated that “she feared she had marked her infant.” She had been visiting a friend, and while there a child had a fit, in which she was very much distorted, and had frightened Mrs. R. so much that she feared her babe “would look as it did.” I tried to reason her out of it, but she remained in the same state of mind till her confinement.

Case 2.—Mr. W. showed me his abdomen, across which was a mark having every appearance of a large rattle-snake, and the skin over it was actually scaly. The account he gave me of it was, that “during the pregnancy of his mother, his father, to frighten her, threw at her the body of a rattle-snake he had just killed; it struck her across the belly and threw her into a fit, and when he was born he had this mark.”—*Philadelphia Medical and Surgical Reporter.*

19. *Cerebral Apoplexy with Uræmia at Ninth Month of Pregnancy.*—The patient, a young lady of good standing in society, was in the ninth month of her first pregnancy. Of her previous history, it was stated that in 1850 she had an attack of articular rheumatism, which probably affected the pericardium; but since that time she had had tolerably good health, and had suffered from no severe attack of illness.

On the 19th of June last, she became pregnant, or rather menstruated for the last time. During pregnancy, she led an active life, ate freely, spent a good portion of her time in the open air, and became fatter than usual. She had, however, slight attacks of dyspnoea, the first of which occurred after she had fatigued herself by riding over a mountain; and the subsequent accessions of which came on, without assignable cause, in the night. One night she asked her husband to listen to her heart, stating that she felt faint, and that it was beating irregularly.

When Dr. Halsted saw her, she was complaining of headache, with a feeling of pressure on the head; the skin was cool, and pulse 60. Examining for evidences of renal trouble, he ascertained that no œdema, pain in the back, or any other of its ordinary symptoms, were present. He now ordered the abstraction of $\frac{3}{4}$ viij. of blood from the temples, by cupping. But this increased the headache, and was followed by dizziness of vision and

faintness; enemata, which brought away a small amount of fecal matter, were then administered. After this, she vomited two or three times, the last time about 3ij. of green fluid. At 8 o'clock P. M., the urine was examined, and found to resemble in color beef tea, and to contain a large amount of albumen. The doctor explained the nature of the case to the family, and told them that he had fears of convulsions; but as labor had not commenced, and no symptoms of its near approach were present, he prepared at 9.20 to leave the patient for the night. Just then he was called to her chamber, and found that, in addition to the symptoms already enumerated, she was complaining of numbness of the left side of the body. She was at once put to bed, and very soon after, complete paralysis on that side came on. In a short time this became accompanied by stertor and coma; and in an hour death closed the scene. No post mortem examination was made, but there could be no doubt of the case being one of cerebral apoplexy.—Dr. T. M. HALSTED, in *N. Y. Med. Press*.

20. *Hypertrophy of the Heart during Pregnancy*.—In 1826 and 1827, Dr. Larcher determined, from the results of 130 observations, made at the Maternity Hospital of Paris, that the left ventricle is enlarged during pregnancy. There was not a single exception to the rule in the 130 cases examined. Twenty years later, Dr. Beau investigated this subject anew. At his request, M. Ducrest, Interne of the Maternity, carefully examined the question in 100 cases, and his results fully confirmed the views of Dr. Larcher, who laid down as a law: That there was a coincidence between hypertrophy of the heart and of the uterus during pregnancy.—*Med. Times and Gazette* May 7, 1859.

OPHTHALMOLOGICAL.

21. *The Ophthalmoscope in Cases of suspected Malingering*.—A case came under observation in Mr. Dixon's Clinique, the other day, which put in a strong light the usefulness of the ophthalmoscope in cases of alleged imperfect sight without ostensible symptoms. It is well known that in the public services loss of sight is very frequently pretended, in order to obtain a discharge. To ascertain whether the imperfection of sight really existed or not, has many a time taxed to the utmost the ingenuity of the

army or naval surgeon. Cases of genuine amaurosis in which no external symptoms can be perceived, but in which, as in Milton's instance,

"The eyes, though free to outward view of blemish or of spot,
Bereft of sight, their seeing have forgot"—

are far from unfrequent. Immobility, or very marked sluggishness of the pupil is, it is true, present in a majority of these. But in their earliest stage this symptom is for the most part wanting. Many a sailor or soldier has, we doubt not, remained long under the suspicion of malingering, in whom retinal apoplexies did really exist, or who was affected with commencing atrophy of the optic tracts. In the discovery of these lesions the ophthalmoscope will henceforth afford most valuable aid.

The man whose case has induced us to make the above remarks is a healthy looking sailor, of about 30, who applied to Mr. Dixon for advice respecting his eyes on Thursday last. He had been in the navy, and had recently, with much difficulty, obtained an order of discharge. He could see large objects, and even perceive large print when placed in certain positions before him, but could not see at all distinctly. There was no trace of congestion about the eyes, and the irides were free and the pupils readily mobile. As far as the most careful inspection could go without instrumental aid, the organs appeared quite normal. Mr. Dixon ordered the use of atropine drops, and as soon as the pupils were well dilated proceeded to an ophthalmoscopic examination. With the greatest care it was now seen that both retinae were blotched over with apoplectic extravasation of very various sizes, but many of them abruptly margined. The wonder was, that, with such extensive disease, the man could see as well as he did.

Apart from the benefit conferred in such a case as the above by the ophthalmoscope in supplying an objective symptom to a case before wholly based upon subjective ones, and therefore liable to much doubt, it furnished also very valuable knowledge as regards treatment. As soon as a surgeon who, without instrumental aid, had arrived at the conclusion that the man was not shamming, his next impulse under the old system would, no doubt, have been to give a course of mercury, and the hope of arresting the unseen and unknown pathological changes. And such treatment,

under such circumstances, would have been quite justifiable. Knowing, as we now do, however, that the partial amaurosis is not due to chronic inflammation, but to extravasation of blood—a sort of purpura of the retina and choroid—we see the futility of such treatment, and the danger which would attend it. The extravasation under consideration often occurs in the subjects of albuminuria, and are probably, even when the patient appears healthy, always a sign of impoverished fluids. Under such circumstances mercury is little less than a poison.

22. *A New Ophthalmoscope.*—An ophthalmoscope, fitted with adjusting tubes, rests for the patient's head, etc., by which the merest tyro may be enabled to see the deep structures of the eye, is now in use at the Ophthalmic Hospital. It is made by a Berlin optician, at the suggestion of M. Graefe and his assistant. Unlike the one hitherto in use, it is a large, cumbrous affair, and requires to be fixed to the table or elsewhere before use. The patient's head being fixed against a rest, the telescope slides of the instrument are adjusted to a proper focus, and this once effected, a dozen observers in succession may look through the eyepiece, and all of them see exactly the same part of the retina, without any trouble. It is, indeed, like looking through the tube of a microscope; the object never gets out of focus, and the proper adjustment having been effected by a skilled hand, any one can see the object. The common hand reflector and lens require a long training before they can be effectually used. For purposes of demonstration to a class, the new instrument will doubtless soon throw the other out of use, since it prevents the loss of time and risk of annoying the patient's eyes, which a succession of inspections involves. To one well trained, however, so that he can find the optic entrance, yellow spot, etc., with perfect ease, we doubt whether the new instrument will add much. Its cumbrous size will confine it to the consulting-room or public institution, but at the latter, for class purposes, it promises to be invaluable. To the artist, also, it is a great relief, since it leaves the hands at liberty; and to draw from the ophthalmoscope is, with its aid, just as easy as to draw from the microscope. Its cost as at present made is, we believe, about five guineas.—*London Med. Times and Gazette.*

PHYSIOLOGICAL.

23. *Congenital Fissure of Upper Half of Sternum.*—Dr. A. M. Slocum stated that he had seen, within a few days, a congenital fissure of the upper half of the sternum, in the person of Margaret D., æt. 25 years, a native of Ireland, but a resident for four years in the United States. He reported the case from its similarity in some points to the noted one of Mr. Groux, though not possessing the same attraction, inasmuch as it does not admit of the interesting physiological experiments of which his is susceptible.

In form, the fissure is irregularly oval, complete above, and extending down to a point opposite the ends of the third ribs, and being bordered on each side by a bony ridge with which the ribs articulate, and which is continuous with the body of the sternum. It is filled up with a strong ligament, probably elastic, covered by the common integument.

From the top of the clavicles to the bottom of the fissure is about three inches; during ordinary respiration the fissure is an inch and a half wide, but by a forcible effort it can be increased to two inches, and also diminished to only one-half an inch.

By making an attempt at inspiration, at the same time closing the nostrils and mouth to prevent the admission of air, a deep depression is formed in the fissure, and the bony ridges are brought very near together. By reversing these efforts—viz., by making a forcible attempt at expiration, after inflating the lungs, while the mouth and nostrils are closed—a large oval tumor, the full size of the fissure, is produced, which yields a clear sound on percussion.

During rest, there is no marked pulsation felt in the fissure, but any mental or physical exertion on the part of the patient causes a palpitation of the heart, the impulse of which is then readily seen and felt at the fissure. This case has not received as critical an investigation as its rarity demands.—*Transactions of the College of Physicians of Philadelphia.*

24. *Doctrine of Absorption.*—Köhler endeavors to show the difference in the rapidity of absorption between starving and fed animals. The animals experimented upon were rabbits, dogs and pigeons; the substances used, strychnia, hydrocyanic acid, and ether; the channels of introduction, the digestive tube, the peri-

toneal cavity, the respiratory organs, and the subcutaneous cellular tissue of the back. The inference arrived at is, *that starving diminishes absorption and retards the symptoms of poisoning and death.* The result is contradictory to the views of many physiologists, but is analogous to that obtained by Kaupp in his experiments on the action of loss of blood on the phenomena of poisoning by strychnia. Köhler's experiments exhibit, it must be stated, frequent exceptions to the law he endeavors to establish, but in part these exceptions appear to depend on concomitant circumstances.—*Brit. and For. Med. Chir. Rev.*, July, 1859, from *Virchow's Archiv.*, vol. xiv., 1859.

MISCELLANEOUS.

25. *Evil of Smoking, and its National Cost.*—A controversy is just now going on in Glasgow, between Mr. William Logan and Dr. M'Leod, as to the utility or the evil of tobacco-smoking. Mr. Logan used some very forcible arguments against the employment of the "weed." He said he had lived—

"In London, Leeds, Rochdale, Bradford, and Glasgow, for upwards of sixteen years, amongst the humbler classes: and whilst he had met with thousands of inveterate smokers, he never found one of them attempt to defend smoking, but they almost invariably referred to it, of their own accord, as a 'bad habit,' and regretted that they had been foolish enough to learn it. The only occasion on which he had seen tobacco used with apparent advantage was when visiting, some eighteen months ago, the inmates of the Lunatic Asylum at Edinburgh, where the intelligent medical superintendent gratified about a dozen of the unfortunate inmates by quietly dividing amongst them about half an ounce of tobacco."

26. *Treatment of Nasal Polypus by Tincture of Muriate of Iron.* Dr. J. H. Reeder, of Lacon, Ill., reports, in the *Chicago Medical Journal*, two cases of nasal polypus, which he had successfully treated by the application of the tincture of muriate of iron, by injections, and by means of a bit of sponge. In both cases the disease was removed in a few days—it having existed, in the last instance, more than ten years, completely obstructing both nostrils.—*Boston Med. and Surg. Journal.*

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E. B. STEVENS, M.D., AND JOHN A. MURPHY, M.D.

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Original Communications.

ARTICLE I.—*What are the Indications for Trephining in Cases of Injury to the Head?* * By DAVID HUTCHINSON, M.D., Mooresville, Indiana.

In the case of the murder of James H. Cooper, for which Thornton Sawyers was tried at the last term of Court in this county, the attorney for the defense asked me the question, If trephining, in my experience, was not good practice in cases of injuries to the head? To which I replied, that there were circumstances which justified the use of the trephine, but that the case of Cooper did not, from the facts that there appeared but little depression of bone where the wound had been inflicted, and the hæmorrhage from the right ear, and the convulsions on the opposite side of the body from the injury, evidently indicated a fracture of the base of the skull. The blow had been inflicted at the external angle of the right eye, immediately over the temple, fracturing the anterior inferior angle of the frontal bone, the greater wing of the sphenoid bone, and the orbital plate of the frontal bone, producing not only a compound, but likewise a comminuted fracture. A spiculum of bone, about one inch in length, transfixed the middle meningeal artery of the dura mater, from which had proceeded considerable

* Read before the Hendricks County Medical Society.

hæmorrhage, and a clot of blood had formed which would probably have weighed two ounces. There were also spicula of bone driven into the brain substance. That I might not be deceived in reference to the hæmorrhage from that ear, I took a cloth and carefully wiped the blood out, when the ear would again immediately fill, and indeed blood was continually oozing from that ear. He had all the symptoms of compression of the brain, insensibility, stertorous breathing, etc.

Would trephining have been justified in this case? The anterior part of the base of the skull, on the right side, involving nearly all the roof of the orbit, was comminuted, and the hæmorrhage from the ear pointed out laceration of the lateral sinus. Compression came on an hour and a half after the injury; complete insensibility also came on, which is an indication of a large artery being torn, and it holds out but few inducements to have recourse to operative procedure. Trephining should not be performed, as a general rule, till after free depletion, unless it is evident that the compression of the brain is owing to a depressed bone, or an accumulation of blood, or of purulent matter.

It is highly important that we possess some rules for action in such cases; and, although each practitioner must be guided by his judgment and experience, yet there are certain data from which to draw rational conclusions in reference to the line of practice to be adopted in such cases.

In the case of Cooper, I did not trephine, from the fact that I was very certain, from his symptoms, that the base of the skull was fractured, and consequently trephining could prove of no benefit to him. It is true that he had all the well marked symptoms of compression of the brain, and had there not been unequivocal evidence of the fracture of the base of the skull, I should undoubtedly have had recourse to trephining.

In order to show that trephining can be of no value in fractures of the base of the skull, I have collected, from hospital statistics, quite a number of interesting facts. From Lente's statistics of twelve years of the New York Hospital, the following occurs:

Case 24.—Fracture extended to foramen magnum. Trephined. Death immediately.

Case 64.—Fracture extended forward through cribriform plate, then backward through sella turcica, and another extended down-

ward through squamous portion to foramen magnum. Trephined without improvement; death in two days.

Case 67.—Whole base of skull fractured, from orbital plate of left side backward, and to the right through cribriform plate, which was comminuted; then through anterior clinoid process, and greater wing, and petrous portion to occipital. Trephined; death the same day.

Case 88.—Fissure extended through foramen magnum. Trephined; death in one day.

Case 97.—Fracture extended across the orbital plate. Trephined; death in one day.

Case 118.—Skull extensively fractured at base, large clot under dura mater on left hemisphere. Trephined; death same day.

Five years' statistics of the London hospitals give the following:

1. A case where the bone of the skull was fractured. Trephined by Mr. Pollock; death the next day.

2. A case of fracture of the anterior inferior angle of right parietal, the depression was slight; the depressed portion of bone was removed, and a considerable clot of blood. Trephined by Mr. Luke; death in two days. Autopsy was not permitted by the friends, but it was probable that the base of the skull had been fractured.

3. Fracture of the frontal bone, which extended downward from the left eminence into each orbital plate; symptoms of compression took place on the fourth day. The depressed portion of bone was removed by Mr. Ward, and the rest elevated. Death occurred on the day succeeding the operation.

A case in the reports of 1854, in which trephining was performed, fracture of the base of the skull was detected after death. Also a case in which the dura mater was lacerated, death took place in one hour.

The report of June, 1854, likewise gives a case in which trephining was practiced for compression, without finding even a clot of blood. After death a clot of blood was found, and even a chink-like fracture of the base of the skull on the opposite side.

Thus, from all the sources of knowledge within my reach, the conclusion is unavoidable that trephining can be of no value in a case where the base of the skull is involved in a fracture; but, on the contrary, must tend to hasten the fatal termination, by adding

a new source of irritation and consequent inflammation to the already injured brain. And hence, the plea that the murdered man might have lived, had trephining been practiced, is worse than no plea.

Another question presents itself here : Is fracture of the base of the skull necessarily fatal ?

In Lente's statistics there are forty-five cases reported, in which the base of the skull was involved in the fracture, not one of which recovered. I have drawn the following items from thirty-four of the cases, in reference to the length of time that a patient will live with fracture of the base of the skull :

In sixteen cases, death occurred the same day in which the injury was received. In one case death took place in one hour, and another in fifteen minutes. In eleven cases death occurred on the second day after the accident ; one on the third day ; two on the fourth ; one on the fifth, and one extended to the nineteenth. He likewise gives two cases of rupture of the middle meningeal artery, in which death occurred the same day ; two cases of fracture of the orbital plate, death took place the same day ; one case in which both orbital plates were extensively comminuted and the fractures extended in various directions, death ensued in one hour ; and another case, where both orbital plates were comminuted, and the sphenoid, ethmoid, and also the petrous portion of the temporal bones were fractured, death ensued in fifteen minutes ; and likewise two cases of fracture of orbital plates, where death took place in two days ; and one in five days.

From the foregoing statistics we might infer that fracture of the base of the skull is invariably fatal, but such is not universally the fact, for cases occur in which all the diagnostic symptoms of fracture of the base of the skull are present, and yet they recover.

Whenever we find the following symptoms, we may reasonably infer that fracture of the base of the skull exists, viz. : hæmorrhage from one or both ears ; and, besides the hæmorrhage, the spinal fluid passes out from the meatus auditorius externus, and likewise there exists facial paralysis, difficulty of deglutition and respiration. All of these symptoms, or only a part of them, point out fracture of the base of the skull ; and the practitioner may even be able to make up his mind in reference to what has happened, without even seeing the case. These three symptoms are

conclusive; each one, however, may point out fracture of the base of the skull; and from the symptoms we may even be able to tell just precisely what part of the base is injured. A knowledge of anatomy and physiology is everything in such cases. Nevertheless, fracture of the base of the skull is not always fatal, and it is important to bear this in mind, so that we may use every effort to cure cases that may present many formidable symptoms. Mr. Hilton, in his lectures in the *London Lancet*, reports six cases of recovery from this grave accident. It is, however, worthy of remark, that four of the cases were young boys; and it is well known that in youth recoveries from injuries to the brain are more certain than in adult age. The bones of the head yield to the blow, and therefore the injury is more confined to the bone that receives the blow, and consequently the brain suffers less.

How shall we treat fractures of the base of the skull? Give strict attention to the circumstances of the case. If collapsed, give stimulants; then a cathartic, to clear the bowels, and give daily some form of mercury until a mercurial impression is brought about; keep the patient in bed, free from all motion or exertion of any kind.

I have presented you with these researches into this interesting subject, as the case of the murder of Cooper must still be fresh in the minds of you all. On these grave subjects, viz.: injuries of the head from violence, our works on medical jurisprudence I conceive to be somewhat imperfect, and as attorneys are always on the lookout for some clue by which they can puzzle and invalidate the testimony of a medical witness, it becomes highly necessary to be posted on the diagnosis and treatment of such grave accidents, and consequently I offer this society the above remarks as an humble, though meagre contribution to the science of medical jurisprudence.

ART. II.—*Cases and Observations in Ophthalmology: Diseases of the Lachrymal Sac.* By E. WILLIAMS, M.D., Cincinnati.

In the July and September numbers of this journal for the current year will be found communications upon *Obliteration of the Lachrymal Sac*, of which this is intended as the conclusion.

Case 4, detailed in the July issue, was not entirely successful, in consequence of the patient's negligence. He hurried off home.

contrary to my wishes, and neither returned nor kept me advised of the progress of his case, as I had directed him. The opening in the skin was permitted to close before the cavity had filled with granulations from the bottom, and hence the occlusion was not perfect. Another application of the cautery would complete the cure, but as he blames me for not curing him, in spite of his stupid disregard of my directions, it is more than likely he will never do me the justice of giving me another trial.

Case 2 is completely relieved of the tumor and fistula, but is still annoyed by slight chronic conjunctivitis and epiphora, especially in windy weather.

Mrs. S., the subject of description No. 3, is entirely relieved of every inconvenience about the eye, not being the least annoyed, under any circumstances, by accumulation of tears.

I have lately had occasion to obliterate the sac on both sides, and a short account of the case may not be out of place here. Mrs. M. P., an Irish woman, æt. 29, of healthy constitution, married ten years, and mother of three children, consulted me on the 21st of June last. She had been troubled since childhood by the presence of a swelling in the region of each tear sac, and a watery state of her eyes. For many years she had been in the habit of gaining temporary relief by frequently pressing out the contents of the tumors through the *puncta lachrymalia*.

In December, 1858, she was attacked by acute *dacryocistitis*, on the left side, which resulted in a permanent fistula, through which large quantities of foetid pus had been daily discharged ever since, rendering her condition pitiable in a high degree.

I found the sac on the *left* side very much dilated, the skin red and constantly swollen, with a small callous opening at the lower and internal edge of the orbit, through which, with difficulty, she could press out the contents of the tumor. The *right* sac was distended to the size of a large grape, and was readily emptied of its *muco-purulent* contents, through the *puncta*, by pressure with the finger.

On the 22d of June, I operated upon the left tumor, at St. John's Hotel for Invalids, assisted by the Internus, Dr. C. L. Thomas, and Mr. Joseph Steinriede. The sac was opened by a free incision, syringed out with warm water, and filled with *charpie*, which was renewed daily until the 25th, when I applied the actual cautery

very freely. Some inflammation and swelling followed, which subsided, however, in a few days. The lips of the wound were separated by means of a probe, twice a day, so as to allow the free discharge of matter.

On the 2d of July, the patient left the hospital much improved in her condition, and the sac reduced in size more than one-half. For some three weeks after this she called at my office every two or three days to have the wound well opened by the probe. By this time the wound was reduced to a capillary opening, and the discharge from it was small in quantity and glairy in appearance. Being satisfied that the *fundus* of the sac was still not obliterated, I sent her to the hospital again, (July 23d), reopened it freely with a bistoury, and inserted a tent to prevent reunion, and on the 25th a small piece of lunar caustic was introduced into the bottom of the cavity. The next day I opened the *right* sac, stuffed it with *charpie*, and two days afterwards applied the hot iron, as usual. At the same time the little cavity which still remained on the *left* side, was *fired up* by a slight touch of the iron.

August 12th.—*Left* sac entirely closed; *right* diminished in size, but still suppurating and of considerable depth. The *ferrum candens* was again used, and after keeping the wound open about three weeks longer, the occlusion was complete. Since that date, the only trouble has been *epiphora*, which is moderate in degree, and disappearing daily.

In regard to the treatment of the diseases of the lachrymal passages, the old methods of reëstablishing the permeability of the nasal duct, by catgut cords, styles, etc., are very tedious and annoying, both to surgeon and patient, and in the great majority of cases unsuccessful. I have already quoted the best authority on this point, and hence it is unnecessary to dilate further upon it. The same remarks are applicable to the use of the *canule*.

If the obstruction in the nasal duct is slight, and the lachrymal sac is but little distended, with only a moderate secretion from its surface, then the method of dilatation first suggested and practiced by Bowman is certainly the best treatment. In cases even where the stricture of the duct, and the textural changes in the sac are more decided, and where there is still a probability of restoring permanently the permeability of the duct, the same mode of treatment should be tried before recourse is had to obliteration.

But in all cases where the *atresia* is complete, and a tumor exists, with or without fistula, *occlusion* is the only course that promises success. If there is at the same time *caries* of the *os unguis*, or other grave complication, the necessity of destroying the sac is still more imperative.

Bowman's method of dilatation is not practiced, as formerly, through an incision made in the *skin*, but from the *conjunctiva*. He passes a fine probe through the inferior puncta and lachrymal duct, into the sac, and then slits up the duct from the punctum to the sac. By this means free access to the sac is secured through the *conjunctiva*, which is a very slight operation, unattended by pain or followed by deformity. The opening thus made is sufficiently large for probes of any needed size, and these can be introduced at once in the direction of the nasal duct. He uses a series of graduated probes, commencing with the smaller. After sufficient dilatation is secured, the probes are omitted, and nothing is seen of the opening in the *conjunctiva*.

Dr. Graefe, of Berlin, has recently tried this method, and pronounces it the best of all others for the restoration of the tear passages. Dr. G. lays down the following indications :

First.—In every case in which circumstances offer the prospect that perviousness may be permanently restored, the surgeon should endeavor to obtain it by Bowman's method.

Second.—In cases where the restoration of permeability is problematic, and could only be obtained by a tedious cure, it must be ascertained whether the lachrymal glands of the patient, after removal of all causes stimulating them to excessive secretion, furnish a great or relatively small quantity of tears. Dr. G. gives the necessary rules for making this estimate. In cases in which the quantity of secretion is small, obliteration, after cauterizing the lachrymal canals, is preferable to restoration of the continuity. No *stillicidium lachrymarum* remains in this case. If, however, the quantity of the secretion is large, Bowman's method should be first tried, for fear the *stillicidium* might remain ; only, if it is impossible to obtain a permanent cure by this means, the lachrymal sac should be obliterated. Dr. G. communicates the following statistical results in reference to this operation : Of one hundred patients in whom the lachrymal sac has been successfully destroyed, twenty suffer from permanent and troublesome overflow-

ing of tears ; seventy are molested neither at their work nor in the room, but experience increased moistening in the open air, or if excited to tears, etc.; ten, finally, do not notice any difference from the normal eye.

Third.—In cases of caries, organic obstructions, etc., in which there is no prospect of the restoration of the continuity, the lachrymal sac should be at once obliterated, as in any case the condition of the patient is ameliorated by this measure. Thus, the troublesome suppuration is not only done away with, but some of the principal causes of the hyper-secretion of tears are also removed, and in consequence of it the stillicidium is proportionately reduced.

Occlusion of the sac is very much facilitated by previously destroying or closing the lachrymal puncta or canals, so as to prevent the entrance of tears into the sac, as first proposed by Tavignot. He advises to cut the canals across, but this does not always render them impermeable. Dr. Graefe ligates the canals, so as gradually to cut through them, or cauterizes them by means of small *portes caustiques* passed in through the puncta. A small silver probe can be dipped into nitric acid to roughen it, and then coated with nitrate of silver, by dipping it into a portion of this salt, liquified by heat, (Dr. Liebreich.) When the puncta or canals are closed, so as to prevent the tears and mucus from passing into the sac, obliteration can be accomplished in a much shorter time, and by milder measures.

Epiphora, or watery eye, is usually the first symptom of disease or obstruction in the sac or nasal duct, and sometimes precedes all the more direct symptoms of dacryocistitis for months, or even years. Hence, it should always draw the attention of the surgeon at once to the state of the tear passages, and induce him to make a thorough exploration of those parts. It is a fact that tears accumulate habitually in the eye in some instances where there is no disease either in the sac or ductus nasalis. This is due, no doubt, to the narrowness of the punctum lachrymale, or to its abnormal position, or to both combined. If the inferior punctum, especially, is tilted a little outwards, either by contraction of the skin of the lid, or by swelling of the conjunctiva, so that it does not lie accurately in contact with the globe, epiphora will in most cases be the result. In such cases, which may be termed *disloca-*

tion of the *punctum*, Bowman devised, a few years ago, the ingenious plan of slitting up the inferior punctum and duct, so as to transfer the absorbing point deeper into the corner of the eye, where the tears will come in contact with it, and be carried off into the sac. I have practiced this little operation several times, with perfect success. Where there is no appreciable *dislocation* of the punctum, nor any evidence of any morbid process going on in the sac or nasal duct, with perfect permeability of those channels, and still the patient is troubled with epiphora, Dr. Graefe affirms that he has often seen complete relief produced by the dilatation of the punctum and lachrymal canal by conical probes. The probes which he uses for this purpose are similar to the Carlsbad needle, with the point rounded off. He introduces it into the punctum, and then along the course of the canal, till it reaches the sac, or nearly so, and directs the patient to hold it *in situ* for five or ten minutes. This is repeated daily till the patient is relieved. Whenever there is visible muco-purulent secretion from the sac, this and all other treatment which does not affect that cavity directly, is of no avail. He believes also that the passage of the common probe of Anel, into the nose, is without any influence on the disease of the sac or nasal duct, and only produces benefit by dilating the punctum or lachrymal canal.

The conical probe is useful in some cases of great narrowness of the punctum, in dilating it, preparatory to the employment of Anel's syringe in injecting the sac.

In the exploration of the sac and duct for diagnostic purposes, it is necessary, if one wishes to be sure of the state of the nasal duct, to introduce a conical probe into the *superior* punctum, at the same time that the fluid is injected through the *inferior*. Regurgitation of the liquid is thus prevented, and by the use of moderate force it can be sent into the nose, if the nasal duct is not completely obliterated. Should the fluid flow out by the side of the point of the syringe, a conical point may be used; in this case no regurgitation is possible, and if the liquid can not be forced into the nose, the diagnosis is still more certain. Without these precautions in the use of injections, the diagnosis is by no means certain. The slightest thickening of the mucous membrane in the nasal duct will often prevent the passage of the liquid into the nose, and cause it all to regurgitate, if the conical probe is not

used. The reader will find some valuable remarks upon this subject in the *Archiv für Ophthalmologie*, vol. 1, page 291.

Iridectomy in Glaucoma.—In the periodical referred to above will be found several learned communications on the treatment of *Glaucoma*, and some other analogous affections of the eye, by Iridectomy, from the pen of Dr. Graefe, who is the originator of this mode of practice. He has given the result of a very large experience, and one which is so favorable as to have called forth the warmest enthusiasm of the profession.

Glaucoma, or *Glaucomatous Choroiditis*, as he designates it, is universally admitted to be almost necessarily fatal to vision, under any other course of treatment.

I have lately treated a case which presents some points of great interest to me, and which I take pleasure in detailing.

Miss R. M. W., æt. 32, bilious temperament, dark hair, florid complexion, large eyes with deep yellowish-brown irides. She applied to me on the 22d of February last, complaining of dimness of sight, slight photophobia and tenderness to pressure of the right eye, which had existed for some two weeks. The iris was slightly discolored and altered in texture, pupil of about normal size, round but sluggish, and limited in its movements, and presenting several filamentous adhesions with the capsule of the lens. The aqueous humor was clear, lens transparent, cornea natural, excepting a little brownish speck on its posterior surface, evidently a precipitate from the aqueous humor; anterior ciliary vessels slightly injected, and the eye harder to the touch than natural. The pupil dilated promptly under the use of atropia, but irregularly, making the points of synechia more striking. I did not make an ophthalmoscopic examination at this time, in consequence of the irritability of the eye. I prescribed active purgation, and a solution of sulph. atropia to be dropped into the eye every four hours, considering it a case of simple iritis. Nine days afterwards she returned, with an aggravation of all the symptoms. She could now read plain, common print with difficulty, and only word by word, as she searched for it by turning the eye in different directions to avoid momentarily a floating cloud which intercepted her vision. The globe was unnaturally hard to the touch, and the anterior ciliary vessels more vividly injected. Still, there was no false

membrane in the pupil, nor turbidness of the aqueous humor sufficient to account for the impairment of sight. Under the ophthalmoscope the vitreous humor appeared turbid throughout, and far back in the posterior segment was seen a cloud of dark brown specks and shreds of various shapes and sizes, undulating with the movements of the eye, and subsiding towards the inferior part when the globe was not in motion. In consequence of this cloudiness and these floating corpuscles it was impossible to see the retina, excepting now and then a mere glimpse of its large vessels. Without the ophthalmoscope the pupil presented a peculiar sea-green color, so often observed in *Glaucoma*. There could be no mistake about the case being one of sub-acute *Choroiditis*, or *Glaucoma*, as one may choose to call it.

I evacuated the aqueous humor with *Desmarre's* paracentesis needle, continued the atropia, and prescribed three grs. of iodide of potassium, *ter in die*. The symptoms subsided rapidly after the paracentesis, and for several days her sight was clearer. This amelioration lasted for about two weeks, when a more aggravated relapse occurred. Calomel, with opium and leeches, failing to benefit her, I made a second evacuation of the aqueous humor, three weeks after the first. But little good resulted from this operation, and the sight continued to grow rapidly worse. Immediately after the second operation, I proposed *Iridectomy*, but she did not consent to its performance at that time.

On the 2d of May, about ten weeks after I first saw her, she consented to the operation. The sight at this time was so imperfect that she could only distinguish now and then a single letter of large print, with the book almost touching her nose.

I performed the operation as follows, assisted by Dr. Krause, of this city, the patient under chloroform: An incision was made with the spear-knife, at the junction of the cornea and sclerotic, on the inner side, as in the ordinary operation for artificial pupil. The fine-curved rat-toothed forceps was then introduced, the iris seized near the pupillary margin, drawn out and cut off with the scissors close to the wound in the cornea. In a few seconds the anterior chamber filled up with blood. The eye was then closed with strips of plaster, and cold compresses kept constantly applied. She suffered very little from the operation, and twenty-four hours afterwards the wound was quite healed. In the course of four or

five days the blood was absorbed, and the aqueous humor became clear. All the inflammatory symptoms subsided rapidly, and in eight days the sight had begun to improve decidedly, and this improvement has been gradually progressing since.

After the operation, I examined the eye ophthalmoscopically, every two weeks, in order to observe the progress of the clearing up of the vitreous humor, which was each time less cloudy, and the floating corpuscles less numerous, and consequently the retina more distinctly to be seen.

Already, at the time of the operation on the *right* eye, I discovered that the *left* pupil was sluggish in its action, and a little brownish speck was perceptible on the posterior surface of the cornea. On the 30th of June the patient called to consult me about her *left* eye, which presented exactly the same symptoms observed in the *right*, at the commencement. On the 4th of July, five days after the first decided symptoms of the disease appeared, I resorted to *Iridectomy* of this eye also. Twenty-four hours afterwards the wound was healed, the little blood that had issued into the anterior chamber was absorbed, and the eye felt and looked much better. She has never suffered in the least with either eye since, excepting from a little tenderness to the bright sun-light, and at the present time they are entirely free from every external appearance of disease.

October 27th.—Right pupil elongated, quadrangular in shape, the *outer* end, formed by the original pupil, being circular, and the *inner* situated behind the edge of the cornea. At the points of the original pupil, which limit the excised portion of iris, above and below, is a little adhesion with the capsule, and one also upon the outer side, besides several little concentric brown patches on the capsule. The outer part of the pupil contracts and expands slightly, under varying degrees of light. The color and texture of the iris nearly natural. By the use of the ophthalmoscope, I find that the floating corpuscles and specks in the vitreous humor have all disappeared, but there is still some turbidness of that liquid, which makes a minute inspection a little difficult. The optic papilla is circular, well defined in its outlines, and very little if at all excavated; its blood-vessels, however, being rather smaller in calibre than in the other eye. There are no patches of exudation, or other textural changes, either in the choroid or the retina.

With this eye the patient can read ordinary print fluently, and make out the letters in No. 1 of Jaeger's scale. She does not now detect any *musca-volitantes* floating before her eye when she moves it, as formerly.

Left eye: pupil same shape as *right*, only a little larger; no synechia or specks upon the lens. The external part of the pupil moves a little more vividly than that of the *right* eye. With this eye she reads any kind of print fluently, even No. 1 of Jaeger's scale.

In this patient the deformity of the pupils is scarcely perceptible, in consequence of the dark brown color of the iris. The result of the treatment has been highly satisfactory both to myself and the patient, and I have scarcely a doubt but that under any other treatment she would ere this have been hopelessly blind.

ARTICLE III.—*On the Removal of Floating Cartilages from the Knee Joint, by a free incision; with remarks upon the admission of air into wounds of the joints in general.* By E. S. COOPER, A.M., M.D., Professor of Anatomy and Surgery in the Medical Department of the University of the Pacific, San Francisco.

It is too well known to require repeating here, that very slight wounds of the knee joint, such, for instance, as are made by the corner of an adze or hatchet, or by a penknife, which heal on the outer surface by first intention, not unfrequently ulcerate internally, and cause the burrowing of purulent matter about this articulation, which often continues for weeks, or even months, until the limb, if not the life of the patient, is destroyed. And recovery with an ankylosis of the joint is to be regarded as a favorable result in such cases.

What surgeon of experience has not seen cases of the kind resulting from wounds which, at the time of their reception, were regarded as most trifling injuries?

Surgical writers generally attribute these untoward results to the admission of air into the joint, or to some peculiarity of organization, predisposing to inflammation.

What is there about the formation of the knee joint predisposing it to inflammation more than other joints, unless purulent matter or synovial fluid be permitted to burrow in, or to be extravasated about it? Have not other joints capsular and lateral

ligaments, as well as synovial membranes of precisely the same texture?

The reason why injuries of the knee joint cause more inconvenience than those of other joints, when burrowing of matter once begins, is because the bursa mucosa are so much more extensive than those of any other joint. The sheaths of all tendons passing over this joint, which are very numerous, are lined with bursa mucosa, and the manner in which the destructive inflammation is excited and sustained after a trivial injury, is this, viz.: the external surface of the injury heals probably by first intention, the skin being decidedly predisposed to the adhesive termination of inflammation after an incised wound. But not so with the bursa, which are of the nature of mucous membranes, and like all other mucous membranes disposed to terminate in suppuration when in the least inflamed.

Now, in this condition, a single drop of purulent matter is probably deposited from the wounded bursa, which, having no place of egress, acts at once as a foreign substance and a source of irritation and inflammation; and as the sheaths of all the tendons are of fibrous tissue, and not at all disposed to ulcerative inflammation, while their linings, being of the synovial or mucous kind, are decidedly disposed to ulcerate under slight inflammation, it necessarily follows that inflammation once excited is likely to continue for an indefinite period, unless a free opening be kept for the discharge of the purulent matter, which would thus accumulate fast.

I know not whether I make myself perfectly understood, but to me it appears easy to perceive that the physiological laws governing the termination of inflammation in the various tissues explain in the most satisfactory manner why slight injuries of the knee joint, when not rightly treated, so frequently cause violent symptoms, or even fatal results.

But I would challenge the most industrious or ingenious to show by statistics, or any fixed physiological laws, why the mere admission of air into the knee, or any other joint, would cause inflammation. It is true, that atmosphere admitted to a divided muscle, or artery, will cause them to contract, but beyond the immediate effects which we might expect from diminished temperature, produced by the colder state, and dryness of the air, it would

be difficult to show that irritation is produced, or at most that it extends beyond the period of immediate atmospheric contact. I do not deny that atmospheric influence may, under certain circumstances, have an effect upon a sore or any kind of wound, because experience teaches us as much. Thus a hot atmosphere, such as that of the tropical regions, will produce a tendency to tetanus after injuries. All experience teaches us this fact. But that the recorded experience or observation even of those writers who believe that there is a hidden specific and powerful influence exercised by the air when admitted into wounds of joints, tend to prove that fact, I do not believe.

Many cases of dangerous symptoms, or of death, are given, where air was admitted into joints, even in cases of exceedingly slight wounds; but does that go to prove that air did the mischief? Who has any direct evidence to bring up in support of this hypothesis, further than that it is based upon the long standing opinions of able men? What poisonous agent can there be in the air that produces such destructive results as are attributed to it, when admitted into wounds? And if there were an indefinable something acting thus, why should it not show the effect at once? Instead of this, in many cases of slight wounds of the knee joint the patient often walks about for several days after the reception of the injury, apparently in good health and able to pursue his usual avocation, the external wound having healed by first intention. I have had several cases where patients received slight wounds in the knee joint by the corner of an adze or hatchet, which healed externally by first intention, and they continued their usual work for from six to ten days, without the least inconvenience, yet ultimately had the most alarming symptoms. But I have never observed a case in which a slight wound of the joint—a mere puncture—produced any immediate ill effects, but the violent symptoms invariably arose, if at all, at the end of some days, when the process of suppuration internally had ample time to commence.

In the cases recorded in which inflammation has immediately followed an injury of the knee joint, I think it is generally due to the discharge of synovial fluid into the surrounding structures, acting as a foreign substance. And this is proved by the fact that in the smaller joints, where the synovial membranes are but

little developed, slight wounds never give rise to more inconvenience than wounds of corresponding size in other structures.

My plan of operation for the removal of floating cartilages from the knee joint is to cut directly down upon the cartilage by a free incision, and remove it at once, when a piece of lint, wet with an evaporating lotion, is laid into the wound, after which a roller is placed as tightly upon the limb as the patient can conveniently bear, commencing at the foot, and continuing above the knee. The limb is kept entirely quiet and cool by the frequent wetting. The patient partakes freely of the spirits of mindereri and opium, if there be pain. A splint is applied to the back of the joint to prevent flexion.

This course is continued until the fifth day, when the roller is taken off, the splint removed, and a poultice applied to the wound. If the wound is granulating kindly, the patient can use the limb, and soon walk nearly as well as ever. The lint may be removed from the incision at any time after the poultice is applied; however, there is no haste. Sometimes I change the cold lotion for the poultice on the third day, though as a general thing it is better to wait until the fifth.

There is one more remark I would make before leaving this subject, and that is this: Surgeons are constantly in the habit of amputating limbs at the different joints, yet no one expects a train of dreadful symptoms to follow this operation more frequently than amputation at other points. How irrational, then, to suppose that the admission of atmosphere into a joint is the cause of the destructive changes which so frequently take place after slight wounds of the knee joint. I repeat, the cause of these symptoms is a burrowing of matter, and not the admission of air into the joint; and I court criticism upon the statement.

Disuse of Mercury in Edinburgh.—A correspondent of the London *Lancet* writes as follows: "Prof. Syme never gives a particle of mercury in any form of disease; and this after thirty-six years' experience. Prof. Bennett never gives mercury, except as a purge; and in his wards I have seen severe cases of iritis get perfectly well, without mercury, in the usual time. Dr. Bennett treats severe cases of pericarditis successfully without mercury."

Proceedings of Societies.

Proceedings of the Cincinnati Academy of Medicine, November 7, 1859. Reported by J. A. THACKER, M.D., Rec. Secretary.

This being the regular evening for the meeting of the Academy, it was called to order by the President, Dr. White. The minutes of the previous meeting were read and approved.

Dr. Wm. H. Mussey, the essayist, read the following paper, the history of a case occurring in his private practice :

Mr. George Hanks, aged 46 years, of sanguino-nervous temperament, called at my office, August 25th, and presented his left leg for my inspection.

Situate in the middle of the leg, on the inner border of the tibia, and projecting under the edge of that bone, was a circumscribed tumor, capable of being moved, having a volume of one and a half inch diameter, conical in shape, having a minute pustule at its apex, the texture firm, but highly elastic, so much so as to incur a doubtful diagnosis. It had been noticed for several months, but in a soft condition, easily movable, giving no pain or apprehension, till two weeks since it suddenly enlarged, and gave considerable suffering from the pain. The family physician applied tincture of arnica, but there being no abatement, but a decided augmentation of symptoms, three days since the patient called upon a celebrated "cancer doctor," who pronounced the tumor "malignant," and "would not have it upon himself for ten thousand dollars." This announcement affected the patient's mind so, that on his application to me he was intensely excited by the most distressing forebodings.

The limb was swollen, skin smooth, with a slightly exalted color ; below the tumor it was œdematous, pressure of the fingers leaving pits. The patient complained of continual pain below the tumor to the foot, and at times it was very severe ; above the tumor for three or four inches was tenderness upon pressure.

As already stated, the tumor was elastic, yielding a sense of fluctuation. Although not quite certain as to its nature, I gave the opinion that there was fluid in the sac. I applied the tincture of iodine, and advised the patient to keep in the horizontal position.

26th, 11 A. M.—In company with Mr. John Cilley, one of my students, I called at the residence of Mr. Hanks, and found him very much excited about the malady, though there was no change in its condition. The suspicion that there was fluid in the tumor was strengthened by this second investigation, and on passing a small exploring needle, a few drops of a light sanious fluid was observed; on substituting a larger needle with a canula, fluid of the same characteristics followed, but only a few drops. I then passed a narrow-pointed bistoury, and laid open the tumor, making an incision of one and a half inch in the direction of the axis of the leg; a small quantity of the same fluid escaped, and revealed a very dark colored mass, which proved to be about one teaspoonful of broken down venous clot. I placed a small tent of linen in the wound, and applied water-dressing. The same evening I found the patient comfortable, with his mind very much relieved of his apprehensions.

27th.—The tenderness above the wound diminished, but the pain and swelling below still existing unabated, with a slightly increased redness of the surface. The patient had applied “nerve and bone liniment,” as he said, with relief. Ordered a poultice of elm bark to the wound.

28th.—Patient comfortable, with no evidence of suppuration in the wound, but with increased tenderness above, extending above the knee over the lower fifth of the femur. One dozen leeches over the course of the veins, below and above the knee, with the bleeding promoted by warm applications during the day, caused great relief, so that there was no tenderness of the region of the femoral veins till the evening of the 29th, when tincture of iodine was applied. At 4 P. M. the patient had a chill, which recurred at 4 A. M. 30th, and 4 P. M. same day.

On the 31st escaped chills entirely, and appeared quite comfortable at 10 P. M.

Sept. 1st.—At 2 A. M. had a slight chill; talked freely after it for a short time, and becoming quiet, his attendants supposed him in sleep; at 5 he was found to be sinking, and death triumphed at 8½ A. M.

The indications of treatment had varied, though the great aim was to avoid or overcome purulent intoxication.

Opium, extract hyosciamus, tincture aconite, citrate magnesia,

fluid extract senna, blue mass, and aloetic cathartics, enemata of oil and turpentine, quinine and carbonate of ammonia, were in turn prescribed as they were judged to be indicated, but the strong preference for Homœopathic practice on the part of the patient and his friends rendered the plan of treatment nugatory, and it was impossible to secure any promptness or fidelity of administration. On one occasion the patient sent for a Homœopathic practitioner, and commenced taking the medicine prescribed; on learning the fact I demanded an election of either one or the other, as I could not tolerate any interference from such a source. I was requested by the patient to continue in charge of the case. To what extent my orders were respected I am unable to determine; of several articles only a single dose was given; the enemata were resisted by the patient, and not administered; the quinine, however, was more regularly given than the other remedies. That Homœopathic remedies were administered in my absence, I had evidence on the morning of the death of the patient, by observing pellets, which had dropped into the beard. I am not claiming that any treatment would have cured the patient, but simply mention the facts.

No passage from the bowels was secured till the 31st, when the patient seemed very much relieved. From the 29th the amount of transpiration was most unaccountable. I have never seen such protracted and profuse sweating. During the three last days of life the patient could not bear to be moved on account of soreness of the joints and the entire body; to touch the skin at any point produced pain. The excessive nervousness of the patient I have never seen equalled. On the day previous to his death it amounted to the most complete delirium tremens, though the patient was of the strictest temperate habits. His friends represent him as having been peculiarly susceptible to fainting, the slightest excitement being sufficient to produce it.

Prof. John A. Murphy saw the patient with me on the morning of his death.

The tumor was no doubt of an enlarged or ruptured vein. For a long time it was soft, and gave no uneasiness—a *deep seated* (for there was no blueness of the skin or enlargement of superficial veins) varicose vein. Suddenly it became large, tense and painful, both below and above the tumor, and the nervous circulation of the limb was obstructed.

Is it not probable that inflammation of the veins existed before the operation upon the tumor? Does not the presence of the "disorganized clot" indicate a previously existing morbid action in the vein?

If the inflammation existed in the vein previous to the operation, is it not a fair inference that the calibre of the vein was obstructed above the tumor, thereby causing the sudden enlargement of the vein and the obstruction of the circulation? In this view of the case would it be possible for air to enter the veins and cause the train of events presented in this case?

The entrance of air into the veins does not necessarily result fatally, as the case of Mr. Wheeler, related in the *American Journal of Medical Sciences*, 1837, evidences. Prof. R. D. Mussey was removing the scapula and clavicle, when a bubble of air entered the subclavian vein, which caused the patient to swoon, and it was with difficulty that he was resuscitated. Nothing untoward followed, for the patient recovered and still lives. [Dr. Mussey here remarked that his father, the venerable R. D. Mussey, had lately written him from the east informing him that this man, remarkable for the number of surgical operations successively performed upon him, still lived and was in the enjoyment of good health. A small tumor had lately commenced appearing on one of his legs.—REPORTER.]

Must death be attributed to the passage of pus into the circulation from the wound in the vein? In the present instance there was no appreciable suppuration in the wound until the latter part of the fourth day after the operation. Mr. Nélaton's view is in opposition to such a theory. Vide *Nélaton's Clinical Surgery*, by Atlee, pp. 154, 305.

Mr. Hanks died of pyemia, or purulent infection, following inflammation of the veins, this inflammation existing previous to the operation of laying open the diseased vein, but probably augmented by it, the remarkable mental condition of the patient having in some measure influenced the result. Such a result is rare in this country in private practice. Prof. R. D. Mussey in one year operated in eight cases of varicose veins, by dividing the veins, without any unfavorable symptoms. The ninth case, in the Commercial Hospital, resulted in the death of the patient. One other case in his practice resulted fatally. It is not uncommon in European hospital practice for operations to be followed by pyemia.

In the present case it is possible that the fatal malady had its origin previous to the surgical operation. A valuable chapter on the subject of pyemia is to be found in *Ericksen's Surgery*, chap. 28, p. 381, edition 1859.

REMARKS.—Dr. W. Judkins observed that from the history of the case he had no doubt that purulent infection was the cause of death. He knew of no other cause that could have produced such a train of symptoms as narrated. He had no doubt if a post mortem had been made, abscesses would have been found in all the great viscera of the body.

Drs. McIlvain, White, and Heighway concurred in the opinion that this had been the probable cause of the fatal termination. Dr. McIlvain said he fully subscribed to the treatment that had been instituted; if there was any omission at all, it was in not blistering over the course of the inflamed vein, which was a favorite procedure of Nonant's, and he himself had seen great benefit derived from it in a number of cases; he considered it far superior to leeching, or application of iodine. In this case he thought the friends of the patient were quite reprehensible for embarrassing and interrupting the course of treatment. From his knowledge of the family, he knew they had decided Homœopathic proclivities.

Dr. White said that the origin of the tumor was a mystery to him, and he would like to know if there was any known or supposed cause for its production.

Dr. Mussey stated that he was not aware of any cause to ascribe it to; that the patient had no knowledge of ever having received any injury at the point of its appearance.

REPORT OF CASES.

Dr. Mussey read the following report of two operations he had recently performed; one for imperforate anus, and the other for the removal of a foreign body from the trachea.

Imperforate Anus.—Oct. 24, 7 P. M., called by Dr. W. T. Brown to see a child that was born on the Saturday previous, 22d.

There was a cul-de-sac in the place of the anus, about a half inch in depth when deepened by the pressure of an instrument; the membrane stretching across the anus was dense, and required division with the knife. The result was satisfactory, and the patient is now perfectly well.

Foreign Body in the Trachea—Successful Tracheotomy.—On Saturday, Oct. 22, at 9 A. M., F. Brown, eight years of age, inhaled a kernel of corn. On Monday, 24th, he was brought from Indiana, and on his arrival at my office, at 5 P. M., I proceeded to operate for its removal. The foreign substance could be easily detected in every respiratory movement, though the difficulty of breathing was very great, the only comfortable position for the child being the sitting posture, with the arms resting upon the table, and the head inclining forward upon it.

On placing the patient upon the back to operate, a few inhalations of ether were given him, when the operation commenced. The patient struggled so that he was held by the assistants, but notwithstanding he was very unsteady, and before reaching the trachea, a vein was divided, which caused considerable hæmorrhage, and before it could be stopped the patient was asphyxiated. The body had evidently become fixed in the trachea, so as not to admit of the air passing by it. An unsuccessful attempt was made to dislodge it by passing an elastic catheter into the larynx, and it was found necessary to penetrate the trachea without waiting longer for the cessation of hæmorrhage. With one stroke of the knife a sufficient opening was made to allow air to enter the lung, but without revivifying the patient; the foreign body was dislodged with forceps, and attempts made to resuscitate by compressing the chest, rolling the patient from side to side, etc., with but little encouragement, till I placed my mouth over the wound in the trachea, and sucked out about four ounces of mucus and blood, then forced air into the lungs several times, and by dint of active exertions succeeded in saving the life of the boy. For two days a great deal of mucus was expectorated, and considerable bronchial inflammation existed. The patient improved, and was allowed to return home on the tenth day.

The double tracheal canula of Trousseau was used for twenty-four hours.

This is the second case in my hands in which life depended on the expedient of clearing the bronchial tubes by sucking out the accumulated mucus, and aiding the respiration.

—Dr. White mentioned the case of a servant girl at the Burnet House, who had anointed her face with croton oil, mistaking it for hair oil, or *something else*. When he first saw her, her face

was fiery red. He directed a lotion of slippery elm water to be used, for which he afterwards substituted dry flour, sprinkled over the face. The patient in a few days recovered her *natural complexion*.

Dr. Heighway reported the case of a lady, an inmate of his family, who had taken a tablespoonful of the tincture of aconite root, in mistake for the compound tincture of cinchona. At the time of the committing of the mistake he was not at home. On his arrival, he found the patient almost pulseless. Every object looked green to her, and she complained of an intense heaviness about the region of the stomach.

The first symptoms, he learned, were twitching of the muscles about the eye and nose, which continued until they became very distressing. There were also tingling sensations of the upper and lower limbs.

As he had no doubt, when he first saw the case, that absorption of the drug had taken place, he did not administer any emetic, but ordered brandy to be used freely, and directed a drachm of aromatic spirits of ammonia, with six or eight drops of tincture of camphor to be given every fifteen minutes. In a short time the pulse somewhat improved.

By the advice of Prof. Foote, of whom he inquired for an antidote for aconite, he prepared the following mixture: one pound of green coffee, boiled in a quart of water to a pint, then add a pint of alcohol and an ounce of gum camphor. Of this ten or twelve drops were given every ten minutes. After taking several doses of this she became somewhat relieved; the twitching and tingling mentioned, however, continued for some time.

At three or four o'clock in the morning of the next day she went to sleep, and at seven all symptoms of poisoning had disappeared.

Dr. Heighway also mentioned the case of Dr. Pease, of Philadelphia, who partook of about a drachm and a half of aconite root, served up in some horseradish. His symptoms were those of Asiatic cholera, having, with the other symptoms, the copious rice-water discharges of that disease. He was kept alive by stimulants until the active symptoms had subsided.

Dr. Mussey stated that a patient of his, once, for whom he had prescribed tincture of aconite, took an over-dose of the medicine.

He, however, soon vomited, and no serious symptoms followed. He complained for a short time of some paralysis of the muscles of the throat.

MISCELLANEOUS BUSINESS.

Dr. McIlvain said that he regretted much the indifference some of the members of the Academy manifested in its welfare, by their non-attendance on its meetings. He believed that a great cause for this was their meetings not taking place in a hall of their own, and not being frequent enough.

He believed if weekly meetings were instituted instead of monthly that a renewed interest would be excited for it in the profession; that where an interval of a month elapsed between the meetings the members would naturally become thoughtless and indifferent.

The Academy of Medicine in Paris, he said, met every Tuesday afternoon, at three o'clock, and continued its sessions until five. Its meetings were well attended, and frequently a subject of discussion introduced would be continued for months, and would often prompt a number of essays.

Prof. Foote, Dr. W. Judkins and Dr. W. H. Mussey made some remarks favoring the views of Dr. McIlvain.

Prof. Foote introduced a resolution to refer the matter to a committee of three, to be appointed by the President, which was carried. Drs. McIlvain, Taylor and McReynolds were appointed the committee.

Dr. McIlvain was appointed to read a paper at the next meeting of the Academy.

Dr. Taylor proposed Dr. S. P. Bonner, of Cincinnati, as a member of the Academy.

On motion, adjourned.

Proceedings of the Brownsburgh (Ind.) Medical Society. Held July 21, 1859.

In accordance with previous notice, the physicians convened at the Odd Fellows' Hall, in the village of Brownsburgh, Indiana, July 21, 1859, for the purpose of organizing a medical society. On motion, Dr. D. H. Oliver was called to the chair, and Dr. Ross C. Russ chosen secretary *pro tem*.

Dr. D. H. Oliver, on taking the chair, made a brief, though

quite comprehensive speech to the society. A constitution and by-laws were then presented by the committee appointed for that purpose at a previous meeting, and after considerable discussion were amended as the society deemed necessary, and unanimously adopted.

An election for permanent officers being the next thing in order, resulted in the election, for one year, of the following named gentlemen : Dr. H. H. Moore, President ; Dr. William J. Hoadley, Vice President ; Dr. Ross C. Russ, Secretary ; Drs. J. P. Graham, T. P. Seller and M. Clark Russ, Censors.

Drs. J. P. Graham and D. H. Oliver were appointed by the President essayists for the next meeting.

On motion of Dr. D. H. Oliver, the Secretary was instructed to furnish the *Cincinnati Lancet and Observer* and the *Chicago Medical Journal* each a copy of the proceedings of this meeting, with the request that they be published.

On motion, the society then adjourned, to meet in Brownsburgh on the first Thursday in January next, at 10 o'clock A. M.

Ross C. Russ, *Secretary*.

H. H. MOORE, *President*.

Correspondence.

[We take the liberty of printing a portion of a private letter from our esteemed friend Dr. Hutchinson, President of the State Society of Indiana. It will be seen he takes the criticisms of " Hoosier " in very good part.]

MOORESVILLE, IND., October 25, 1859.

* * * The Hendricks Co. Society is truly a working society, and really contains quite a number of gentlemen ardently devoted to the science of medicine. They are collecting quite a cabinet of geological specimens, and will undoubtedly make collections in other branches of natural history and medical science. All who have attended the meetings of the society have been much benefitted by the discussions on medical topics that have engaged their attention from time to time. It has created a good state of feeling among the members of the profession, and has had an elevating influence upon all who have given it their attention. And why should it not be so ? for science will elevate any man. And

although its meetings are held in an obscure village, yet it is quite an important institution. Twenty years ago, I don't believe there was a medical society in existence in the State of Indiana. The profession had to labor hard, the country was new, and we had no time for scientific pursuits. But now we have leisure to read, and there exists not only our local societies, but our State society, the proceedings of which Mr. "Hoosier" takes the liberty to freely criticize. Are we not advancing; is not the above progress? And if we continue to advance for the next twenty-five years as we have done for the preceding twenty-five years, it will keep "Hoosier" busy to keep along on the same trail. "Hoosier" might improve on his criticism, for he certainly don't lack for talent. A chaste and impartial criticism is very laudable, and I hope the State society will be aroused by the thunderbolts of "Hoosier," and do up her work more workman-like hereafter; and I also hope that Mr. "Hoosier" will lend a helping hand, and labor for the good of the society and the profession.

Yours, truly,

DAVID HUTCHINSON.

Boston, November 7, 1859.

Messrs. Editors :—In my last communication I noticed some of the *dislikes* in the medical profession, and promised in a future number to give some of the *likes*, or the fairer portion of the picture of medical etiquette. These may be summed up in a few brief words. As the foundation and starting point, I like to see physicians imbued with the true spirit of *honesty* and *honor*. If these prerequisites are deeply planted in the heart, and properly nourished, their fruits will be known, and will manifest themselves with some of the following results. Medical men would divest themselves of all enmity existing among them. They would dwell together on terms of true and generous friendship, cultivating a fraternal spirit of sociability and good will with each other as regular members of a great brotherhood, subserving each other as honest men engaged in a high and holy calling; honorable in all their professional intercourse; meeting one another in consultation in the medical circle and at the domestic fireside unprejudiced and unbiased; free from all thoughts of injuring a brother, whether in consultation in the sick room, surrounded

by friends, or in the haunts of lurking enemies ; divested of all contamination with *quacks* and *empirics*, of whatever name, stripe or color ; ready at all times to defend the right, and condemn the wrong ; earnest in the support and maintenance of true medical science, and in the dissemination of its pure theological principles ; devoted to the true interests of the profession, and to those seeking medical advice ; truthful in all of the relations of life, whether professional or otherwise ; generous in the bestowal of kind acts upon the poor and needy ; punctual in all consulting engagements, and in the daily expected visits to patients ; avoiding all habits which may be condemned in others ; free from hypocrisy, jealousy, hatred, envy and malice towards a medical brother ; kind and benevolent in adversity ; courteous and modest in prosperity ; liberal when the hand of charity is truly deserving ; obliging and charitable when a brother is in fault ; firm and resolute when emergency demands it ; reliable in the hour of danger ; sacrificing at the calls of necessity ; overflowing with warm and generous impulses in behalf of friends ; forgiving and lenient towards enemies ; never vain or elated when crowned with the laurels of success ; nor despondent when efforts go unrewarded ; cheerful at all times, and congenial and frank while in communion with the sick ; finally let urbanity of manners be characterized in the physician, and let him be a *gentleman*, a *true gentleman*, in the broadest and most comprehensive signification of the term ; then shall we experience the millenium of professional etiquette, which will reign not only a thousand years, but in all future time.

At a meeting of the Suffolk District Medical Society, week before last, an interesting discussion took place upon the subject of narcotic injections in neuralgia. Several cases were reported, treated successfully by this method, while in some the success was but partial. The manner of using the injections, described in the thirty-eighth number of *Braithwaite*, by Dr. Wood, of Edinburgh, has been employed in some cases, and in others the puncture is made with a common lancet, and a small glass syringe, charged with a solution of sulphate of morphine, one grain to a drachm of water, is used.

According to Dr. Wood, it is quite essential to ascertain, by pressure or otherwise, the painful or tender spot at the exit, or along the track of the nerve, as being the most suitable point to

apply the sub-cutaneous remedy. Those who have made extended trial of this method are quite sanguine of its efficacy. It is well known that some cases of neuralgia resist almost the whole armament under the physician's control; hence any *positive* power will be welcomed.

At the same meeting, a memorial to the mayor and aldermen was unanimously adopted, requesting them to pass a city ordinance to the effect that it be made obligatory upon physicians to give a certificate of the cause of death of those under their care, and in case no physician is in attendance, one shall be called to certify to the probable cause. This is a step in the right direction, and if carried out, our mortuary statistics will be more reliable.

The superintendent of the Boston Dispensary reported at the annual meeting of the association, in October, that the whole number of patients during the year was 13,913; patients returning more than once, 11,618; average daily attendance at the central office, 60. This does not include the number of patients visited in the different districts of the city.

The annual report of the Eye and Ear Infirmary shows that during the year 2,626 persons were relieved at that institution.

The lectures at the Massachusetts Medical College commenced last Wednesday. Dr. H. J. Bowditch gave the Introductory. I learn that the class this season is larger than usual.

On the same day commenced the lecture term at the Female Medical College. I noticed in the announcement that the faculty was composed in part of females, whose names bore quite conspicuously the prefix of *Prof.*

Small pox, which has been quite prevalent during the summer, still continues, notwithstanding the efforts at vaccination. Some persons seem perfectly indifferent to any precautionary measures. There were nine deaths last week from this disease. Hæmorrhage from the bowels has been a very marked symptom. B.

Liberal Bequests.—The late Mary M. Ricketts, widow of Philip Ricketts, among other bequests, amounting in the aggregate to \$35,000, left \$10,000 to the Pennsylvania Hospital and \$5,000 to the Hospital of the Protestant Episcopal Church of this city.—*Phil. Med. and Surg. Reporter.*

Reviews and Notices.

TRANSACTIONS OF THE OHIO STATE MEDICAL SOCIETY FOR 1859.

Just as we are preparing the material for this number, the Transactions for 1859 are received. It appears in a neat, cloth-bound volume, similar to the style of the transactions of the meeting two years ago at Sandusky; we must express our regret, however, that there is a slight disparity in the size of the volume, enough to show unpleasantly in the library. It also lacks a list of membership, table of contents, etc. With these exceptions, however, the general appearance is gratifying.

Amongst the papers embraced in the volume we regard the report on obstetrics, by Dr. Metz, and the report on ovarian disease, by Prof. Hamilton, as amongst the most complete and valuable. We commented, upon a former occasion, upon the points taken in the address of Dr. M. B. Wright, on asylums for the inebriate. Dr. John G. Kyle, of Xenia, contributes a carefully prepared essay on epilepsy; and Dr. Kirtland, of Cleveland, a brief paper on detecting and diagnosing the simpler forms of valvular diseases of the heart. Dr. James Bronson has a brief report of a case of empyema following scarlatina, with an operation. The report on insanity, read by Dr. Gundry, of Dayton, was pronounced a most finished and scientific production, but we regret to find it omitted from the published transactions, with a memorandum that the "manuscript is not received." Our old friend, Dr. R. Thompson, ventilates himself somewhat extensively and miscellaneously on cataract, hernia, fractures and hygiene. We doubt the wisdom of the diffuseness thus displayed; it is very difficult for many of us to acquire that condensation which good taste requires. An interesting memorandum is preserved in this volume of the transactions, of an operation performed by "Dr. Wm. M. Awl, a young surgeon of considerable intelligence and enterprise." The operation is the removal of a tumor from the side of the face, involving the previous ligation of the carotid, performed March 5, 1827, and said to be the first time the carotid was ligated in the United States. This is a mistake, however, for Prof. Mussey ligated *both* carotids as early as the year 1827, and Dr. Macgill, of Maryland, had performed the same operation in 1823.

TRANSACTIONS OF THE MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA,
1859.

The Transactions of the Pennsylvania State Medical Society, for its eleventh annual session, which was held in the city of Philadelphia, June, 1859, comes to us in very respectable shape, both as to matter and manner. First, after the regular proceedings, we find a very interesting address by the retiring President, Dr. Smith Cunningham, upon the *period of utero-gestation*, its principal point being intended to demonstrate that there is a wider range of utero-gestation in the human female than the “immutable *nine months*” of popular opinion, and that it is the duty of the profession to correct this prevalent notion, for the better feeling and confidence of the relations of domestic life. Reports of value follow from the various county societies. To which is appended the constitution and by-laws of the society. Dr. D. F. Condie, of Philadelphia, was elected President for the ensuing year.

THE PHYSICIANS' HAND-BOOK OF PRACTICE, for 1860. By WILLIAM ELMER, M. D., and LOUIS ELSBURG, M.D. New York: W. A. Townsend & Co., No. 46 Walker street. 1860.

This little hand-book is designed for the daily record of practice, and is in many respects the most complete little affair of the kind we have seen. It is more complicated in its plan than the “Visiting List,” published for some years past by Lindsay & Blakiston, and consequently not so obvious in its convenience for the physician's use; but evidently the “Hand-Book” has advantages which will commend it to those who give it a trial. It contains a complete classification of diseases; Dr. Marshall Hall's ready method; weights and measures; a full list of remedial agents; incompatibles; medicated baths; writing prescriptions, with examples; poisons and antidotes; diagnostic examination of urine; obstetric calendar; obstetric record; wants; general memoranda; nurses, etc., etc. Besides all this, the “record of practice” for each day in the year is somewhat peculiar—thus, a series of numbers, arranged under alphabetical pages, correspond to the names of heads of families, and in the record the numbers are used, with blanks for the name of the patient, each day of the week, disease, pulse, tongue, bowels, appetite, sleep, urine, pain, respiration, etc., etc., so that a complete daily record of the case is exhibited with

the record of the daily visits. The chapter on the diagnosis of the urine is very complete and excellent. The whole is compressed within brief and convenient compass, making it entirely convenient for the pocket, and in this respect we consider it a decided improvement on the *Hand-Book* issued for 1859. The style of the getting up is the neatest diary finish, and is creditable to the publishers, W. A. Townsend & Co.

For sale by Rickey, Mallory & Co. Price \$1.25.

AN INTRODUCTION TO PRACTICAL PHARMACY: Designed as a Text Book for the Student, and as a Guide for the Physician and Pharmaceutist. With many Formulas and Prescriptions. By EDWARD PARRISH, Graduate in Pharmacy, member of the Philadelphia College of Pharmacy, etc. Second edition, greatly enlarged and improved. With two hundred and forty-six illustrations. Philadelphia: Blanchard & Lea. 1859. 720 pp.

The first edition of this most capital book was issued in 1856, and was briefly noticed by us in the *Medical Observer* for that year. We feel to congratulate the author that so unmistakable evidence is given of a hearty appreciation by the medical and pharmaceutical profession as to require a new edition of the *Practical Pharmacy* at so early a date. Comparing the present edition with the first, we observe throughout the entire volume the traces of Mr. Parrish's revising hand; it is evident, with but a hasty examination, that the new edition is no mere rehash for the accommodation of the publisher, but that it brings up to the present every improvement worthy of note in all that pertains to the details of pharmaceutical operations. This book is more particularly designed for the practical and dispensing druggist; but it is quite as well adapted to the wants of every physician throughout the country who is required to prepare his own prescriptions, and is thus at the same time physician and pharmacist. Indeed, we are satisfied that it is just the book that was needed, and that it will become the companion of the *United States Dispensatory* in the medicine shop of every physician in the country, and be regarded quite as indispensable. The illustrations of shop-ware, fixtures, etc., are very numerous and well executed, and add to the general attraction of the book. We cordially commend this book to our readers.

For sale by Rickey, Mallory & Co. Price \$3.50.

Editor's Table.

Another Year Gone.—With this issue is closed up the labors—editorially—for the current year. This, however, makes no break or resting place in our daily tread-mill routine of work. There is a constancy and uniformity of requirement in the labor of making up a monthly periodical that is somewhat peculiar, alike in its annoyances and pleasures; and yet, on the whole, we rather incline to think that the pleasures predominate; at any rate we feel so, so long as we feel any thing like an assurance that our readers sympathize with us, and appreciate our efforts.

We have, however, no especial wish to multiply words on this occasion, particularly after what we have already said on the same topic in our last number. The journal for the year is now before our subscribers: we think it shows for itself that the editors have bestowed diligence upon their task; if so, we may now reasonably solicit our friends and readers everywhere to bear us in mind in the bestowment of holiday favors. We hope, friends, to receive at your hands ample “indemnity for the past, and security for the future.” Again we urge our patrons to note the advantages extended to *clubs*, and to send us *new names* before we begin the new year, so far as possible.

Some, perhaps, may leave us. Death has been in our midst, too, thinning out our ranks here and there; marks of change are seen everywhere. It becomes us, therefore, to be the more diligent to fill up the measure of our work while our day still lasts. Readers, contributors, editors—we all have a great deal of work to do, and a short hour of existence in which to toil.

A New City Hospital Building.—At length there seems to be no doubt but that we are to have a new hospital edifice in this city, as speedily as the nature of things will admit. For years our present buildings have been a burning disgrace to us; every one, whether professional or non-professional, who have had occasion to take any cognizance of the Commercial Hospital, has had forced upon them the conviction that the buildings were in every

way as unsuited to the purposes of a large city hospital as they could well be contrived. Besides all this, they are actually dilapidated and unsafe for use.

After much quarreling, in and out of the profession, concerning the control and location of a new city hospital, the first steps have been taken at last by our city authorities to erect buildings upon the ground now occupied by the Commercial Hospital, that will be well adapted to hospital purposes, and as a work of art a credit to the city.

Some time since a portion of the hospital lot fronting on Western Row was sold, but the titles to these sales have never been completed, and steps will be taken by the city to restore this strip so as to retain the entire original lot. So soon as this is effected, the committee on infirmary are instructed, by resolution of the council, in connection with the city solicitor, to ask the legislature to empower the city council to issue the bonds of the city, bearing interest not exceeding six per cent. for the term of fifteen years, for such an amount as may be necessary for the erection of a suitable hospital.

In the mean time, that most competent architect, Mr. Rogers, has been directed to complete plans and specifications for the edifice, and propositions are solicited for doing the work.

Through the politeness of Messrs. Rogers & Sons, we have had the pleasure of examining the plans of the proposed new Commercial Hospital; and if erected in accordance with specifications and design, will be truly one of the most attractive buildings in our city—a source of pride to all of us, whether in or out of the profession, and in the completeness of its details we do not think it will be surpassed, for the purposes intended, in this country. They propose that it shall be a hollow square, four stories high above the basement, enclosing a court 210 by 248 feet, in the centre of which is an ornamental campanile, 180 feet high, in which are the ventilating and smoke flues. From this tower, buildings (three stories high, including basement,) radiate to the centre of each side of the square, sub-dividing it into four court yards, 78 by 98 feet, all of which communicate with the street and each other by carriage ways.

The style of the building is Roman-Italian; the general effect is bold and imposing, and plain rather than elaborate. The base-

ment story is of Indiana flat-rock stone, quarry face, with beveled rustic joints and segmental headed openings. The first story will be of the same stone, with plain joints, with circular headed openings, and finished with a bold dental cornice. The superstructure will be of brick, with cast iron dressings. The Western Row and Plum street fronts are similar, and are 322 feet each ; they consist of a centre and wings ; the centre is decorated with a handsome arcaded portico, the steps of which start from the sidewalk. The columns of the first story are of the Ionic order, with pedestals ; those above are of the Corinthian ; the portico is the height of the entire building, and terminates in a handsome pediment. The angles of the building are finished with double antaes ; the windows in the wings are separated by double pilasters, and enriched with archivolts and imposts.

The extreme ends of the building are finished by projections of somewhat lighter design, the pilasters being omitted and forming a pleasing termination.

The Twelfth and Ann street fronts are somewhat similar, the porticos being omitted. These fronts are 282 feet each, and stand 55 feet back from the street. The whole building is surrounded with a handsome Corinthian cornice, the top of which is 83 feet above the ground.

The details are elaborate and perfect, with all the modern inventions for utility and comfort.

In the basement are to be stewards' rooms, reception rooms, laundry, furnaces, kitchens, store rooms, etc., etc.

On principal floor are to be stewards' parlor, general reception rooms, stewards' office, general office, directors' room, physicians' office, drug store, library, reading room, bed rooms, etc., etc., besides eight wards for patients, 28 by 59 feet, 16 beds each ; also convalescent rooms, eight dining rooms, bath rooms, water closets, etc., etc.

The second, third and fourth floors have each eight wards for patients, of same dimensions, making in all accommodations for something over 500 patients. On the second floor there are also apartments for "pay patients," arranged with like completeness of detail. On each of these floors there are also suits of convalescents' rooms, dining rooms, attendants' rooms, baths, water closets, etc., corresponding to each ward for patients.

On the fifth floor the design contemplates two lecture rooms, and two operating amphitheatres, finished up with domes and skylights.

This brief description, though very imperfect, will perhaps serve in some sort to convey an idea of the magnificent proportions of our proposed new hospital edifice. We trust the profession will unite cordially in urging this enterprise forward to completion.

It is true that we have not had anything like the number of patients in the wards of our present hospital that this proposes to accommodate; and further, that the marines heretofore treated in the Commercial Hospital will be removed very soon to the Government Hospital, now about ready for use; but it must be borne in mind that we have not had proper accommodations for all that should have had the benefit of our hospital wards, and the marines do not average, of the 150 usually in the hospital, more than 30. Besides, when we have suitable hospital accommodations, *all our sick poor* should be placed there; there is neither propriety nor economy in keeping a hospital in the city, and one with quite as large a number of sick, in the City Infirmary at Carthage. Make this disposition of our sick, and the proposed accommodations, in view of the future necessities of our city, would be moderate enough.

Great credit is due Mr. Mayer, of the infirmary committee, for the indomitable perseverance with which he has urged this matter upon our city council. We hope there will be no unnecessary delay in prosecuting this enterprise, but that it will be pushed forward to the most speedy completion consistent.

Improvement in Medicinal Agents.—During the past few years there has been the most marked improvement in the style in which our more important medicines are prepared for use by the patient. The most nauseous drugs are now robbed of their disgusting qualities, and there is but little further excuse for the plea that Homœopathic globules are “so pleasant for the children.” The sugar-coated pills and special preparations introduced to the profession by the Messrs. Garnier, Lamoureaux & Co., made a great advance in this direction, for they succeeded in putting almost every remedy in ordinary use in an acceptable, if not palatable form. For a year or two past we have had on sale in this city *jellified cod-liver oil*,

prepared by two different houses, and known accordingly as the Richard's jelly, and the Queru jelly. Both of these jellies have been used by our physicians to considerable extent, and with much satisfaction to themselves and patients. Mr. Queru has recently made a visit to the principal cities of the West, making acquaintances and seeking a larger introduction of his jelly. We made his acquaintance with much pleasure. Mr. Queru submitted his jelly to the New York Academy of Medicine, some months since, in reference particularly to the proportion of oil contained; the committee report that the claim set up by Mr. Queru, that it contains 85 per cent. of the oil, is correct. We have not space at present to speak more fully of this preparation, but call attention, in conclusion, to another new improvement introduced by Mr. Queru, a specimen of which he left at our office—a *jellified castor oil*, put up in neat ounce-dose bottles, ready for use. From the universality of use of this agent, we consider it more important than the cod-liver oil jelly.

Dr. Ignatius Langer, and the Scott County (Iowa) Medical Society.—We have received from Dr. John M. Addler, of Davenport, Iowa, and secretary of the Scott County Society, a circular, the substance of which is that Dr. Ignatius Langer has been guilty of gross violations of professional propriety, and has been subjected to expulsion from that body.

Dr. Langer was present at the last meeting of the American Medical Association, at Louisville, and read a paper on *Subcutaneous Injections*, and was subsequently appointed a special committee to report upon this subject at the meeting of the Association, next year, at New Haven.

The charge upon which Dr. Langer was expelled from the Scott County Medical Society were briefly—"making, and repeating from day to day, certain unwarrantable examinations and manipulations of a pregnant female, previous to the time of labor, with the pretended object of discovering and correcting a malposition of the fœtus in utero; and of publicly proclaiming the object and intention of his repeated visits to said patient." Supplementary to this general charge seems to have grown up certain additional charges, being essentially a disregard of the expressed ethical wishes and opinions of the members of the society.

As Dr. Langer has published his circular requesting contributions for his forthcoming report to the American Medical Association, the Scott County (Iowa) Society deem it their duty to warn the profession of the professional position he occupies amongst his brethren at home.

Medical Portraits.—We had hoped to furnish another portrait before the termination of this volume, but were not able to effect an arrangement in a suitable manner; we expect, however, to have the engraving of a distinguished medical man ready at an early date.

A Correction.—Dr. Houghton wishes us to notice an error in his article on transfusion of blood in phthisis. On page 648 the quotation from Brown-Séquard should only embrace one sentence of three lines; by some mistake the second quotation mark is placed nearly half a page lower down, and includes expressions of opinion that are Dr. Houghton's—not Brown-Séquard's.

Amputation at the Hip Joint.—Professor Buchanan, of the University of Nashville, performed this terrible operation recently upon a lad of fourteen years of age, with a successful result. Dr. B. deserves great credit for the dexterity with which he conducted the details of the operation—even, as he declares, not suffering the patient to lose more than six or eight ounces of arterial blood.

Am. Med. Gazette—Red Ink.—Dr. Reese has adopted the expedient of addressing his journal to delinquents with *red ink*. We have no objection to the plan; the last number, however, addressed to this office was endorsed with the *red*, and in this day of *veteran* editors, our memory is become a little treacherous with approaching age, and we have forgotten the amount of our indebtedness. Will the Dr. please send our bill?

The South Western Lunatic Asylum, (Hamilton county.)—We learn that at length the new edifice for Lunatic Asylum purposes, at Carthage, is approaching to such a state of completion, that it will be ready for occupancy about the first of January. The board of trustees have made the following appointments: *Superintendent*, Dr. O. M. Langdon, of this city; *Assistant Physician*, Dr. Benjamin Ludlow; *Steward*, R. T. Thurburn; *Matron*, Mrs.

J. M. Sharp. Dr. Langdon is a professional gentleman, has had experience in the management of our old county asylum, and will doubtless do credit to the new institution.

St. John's Hotel for Invalids.—The gentlemen who have for some time composed the medical staff of the *St. John's Hotel for Invalids*, in this city, consisting of Drs. White, Mussey, J. B. Smith, Bonner, Williams, John Davis, Murphy, and J. P. Judkins, have resigned; and Drs. Blackman, Richardson, Graham, Quinn, Dodge and Gerwe have been appointed to fill the vacancy. We learn that the lectures on diseases of the eye, by Dr. Williams, and on surgery, by Dr. Mussey, which have been in course of delivery at the *St. John's Hotel*, will be continued at the Dental College lecture rooms.

To those yet in Arrears for 1859.—There are still more than *two hundred* names on the mail list who have not paid for this volume. We propose to all such, who will remit for 1859 and 1860, *without delay*, to receive \$5 for the two years, as we very much desire to close up the year without any unnecessary dribs hanging over for future contemplation. We have also suffered, by special urgency, a few names to accumulate a debt for *two or three years*. To all such we say emphatically, we must hear from you, and at least with part payment, or erase—a resort that is quite as unpleasant to us as it can be to you.

Editorial Abstracts and Selections.

PRACTICAL MEDICINE.

1. "*Throat Deafness.*"—*New Method of Application for its Relief.*—CASE I. Miss Emma O., aged 18, a teacher in one of the "ward schools" of the city of New York, applied to me, (Frederic D. Lente, M. D., of Cold Spring, N. Y.,) June 26th, 1859, complaining of deafness, which has been gradually increasing for some months, until it has almost incapacitated her from pursuing her occupation. She states that, for some weeks past, while chewing at her meals, the deafness is complete, so that although she sees that a person at table is addressing her, she hears no

sound whatever. She has also considerable irritation about the larynx, and an accumulation of adhesive mucus there in the morning; also a feeling of "weakness" at the top of the *sternum*. She considers her general health good, although she has rather a delicate appearance. Appetite and digestion good; bowels and catamenia regular. No evidence of disease of chest upon physical exploration. The *meatus auditorius externus* and *membrana tympani* have a normal aspect; the mucous membrane of the fauces also has a tolerably healthy appearance, and there is no hypertrophy of the tonsils. The ticking of a watch is heard at the distance of four inches from the left ear, and about half an inch from the right, with some difficulty. Hears no noises in the ears, and has had no pain there. Asked the advice of a professor in one of the medical colleges of the city, who applied nitrate of silver to the throat with a probang, with some relief to the throat symptoms.

Treatment.—Not to go into a tedious detail of the daily treatment, it is sufficient to state that a solution of the nitrate of silver was applied to the throat four times, at an interval of three or four days, with relief to the symptoms referable to that part. She was directed to keep up a moderate pustulation over the upper part of the sternum and under the clavicles, with croton oil liniment; and a solution of the iodide of zinc in equal parts of glycerine and water was applied directly to the orifices of the Eustachian tube by the following method: The nozzle of a small glass syringe was inserted into the open end of a piece of elastic catheter (No. 4 or 5), and secured by a wrapping of thread. A small portion, some twenty or thirty drops, having been drawn into the syringe, the catheter was introduced into the nostril, with the lower *fenestra* looking outwards, and pushed backwards to the posterior wall of the pharynx, about three inches and a quarter, the *fenestra* being then just opposite the opening of the Eustachian tube;* and upon using the injection with some force, the fluid was, of course, thrown directly upon it. A smarting sensation, extending to some little distance down the throat, and forwards towards the nose, was felt for an hour or two, but was not complained of. The strength of the solution was five grains to the ounce, in-

* An English (Hutchinson's) catheter is preferable, as this has only one *fenestra*, and this in a favorable position for our purpose.

creased to ten or more as the parts became habituated to its use. The application was made daily (on alternate days to either side,) until the 14th of July, with an interruption of four or five days during the patient's temporary absence in the city; after which it was continued every other day for ten days longer, with the following result: At the expiration of a week, there was very sensible improvement in the hearing of the left ear, and at the end of another week the hearing on this side was normal, and the application to it discontinued. The improvement of the right ear was more gradual, but still progressive; and within four weeks the hearing on this side was also perfectly restored, and as good during mastication as at any other time. Patient was also kept on the use of Garnier and Lamoureux's *dragees* of the citrate of iron, six grains per day, with considerable improvement of her general health and strength. She is now, several weeks after the discontinuance of the treatment, apparently well in every respect.

CASE II. Mrs. L., aged 40, general health good, applied to me August 12th, 1859. Says that, for some weeks past, she has had a "fullness and pain" in the region of the lachrymal sac and left nasal passage, also an increasing deafness in the left ear. She says the ear frequently, during the day, appears to be "stopped up," and it is at the same time the seat of a buzzing noise; but that, on *bowing the head forward* for a short time, the obstruction seems to be temporarily removed, and the buzzing ceases. The *meatus auditorius* and *membrana tympani*, as well as the fauces and tonsils, appear healthy.

Treatment.—Applied a leech to the Schneiderian membrane on the left side, which was followed by a considerable flow of blood, and relieved the nasal symptoms considerably; but the deafness remained the same. Used the injection of the *iodide of zinc*, as in the last case, with considerable relief to the deafness after the first application, and with entire relief after the third; the application having been made every other day.

The two cases just described will sufficiently indicate the nature of the deafness which it is proposed to treat by a simple application to the orifice of the Eustachian tube, and the manner of making this application. The particular kind of injection is perhaps not a matter of much importance. I was first induced to use the *iodide of zinc* from the fact that it has been sometimes found

efficacious in making a favorable impression on chronic engorgement and hypertrophy of the tonsils, a form of disease usually very intractable under all other medical treatment; and because it is much less disagreeable and persistent to the taste than *nitrate of silver*, and does not stain the clothes or the skin so indelibly.

It was at one time extremely fashionable among aurists to attack the Eustachian tube, and through it, the *cavitas tympani*, for the cure of various forms of deafness, by means of sounds, catheters, medicated air douches, and injections; but these applications were eventually found to be more injurious than useful in the majority of cases, and they have been rapidly falling into disrepute. It has not, however, been customary to make the application simply to the *orifice* of the tube, at least in an efficient manner, while it is here that "throat deafness," and deafness arising from disease of the *cavitas tympani*, without doubt, as a general rule, have their origin. Disease of the Eustachian tube, at any other part than near its faucial opening, is one of the rarest affections of the ear, as shown by actual statistics (see Toynbee and Wilde); therefore, it can seldom be requisite, even if the attempt were devoid of danger, to make applications throughout its whole extent, especially as the effect of a stimulant on a mucous canal extends considerably farther than the point of application. When, on the other hand, we call to mind the numerous affections of the fauces which prevail in almost all climates, but especially in ours, both from common and specific causes, but more particularly from the phthisical and strumous diathesis, and from constant exposure to the ever-varying temperature and hygrometrical state of the atmosphere, we cannot wonder that the Eustachian tube, always influenced by these affections, should be frequently attacked with chronic disease. Both Toynbee and Wilde, our best authorities, agree that chronic disease of the cavity of the tympanum is by far the most common cause of deafness. And it is not at all improbable that this disease (chronic inflammation generally) is the result of the extension of repeated attacks of inflammation of the faucial extremity of the Eustachian tube; which, if recognized, and efficiently treated in time, might perhaps generally be arrested. The most intractable form of inflammation of the ear, which results from *scarlatina* no doubt, as Mr. Wilde believes, is the result of an extension of disease from the fauces along the

tube; and this in all probability might be prevented by a timely and persevering application of appropriate remedies to the original seat of the disease, the extremity of the tube. So, after *measles* also, especially in strumous subjects, we should always be on the watch for this difficulty.

Even in the time of Hippocrates, as Mr. Wilde informs us, it was remarked that "quinsy" was followed by closure of the Eustachian tube, and consequent deafness. But, unfortunately, this closure was then, as it is most generally now, regarded as the result of the enlargement of the tonsil, and remedies consequently addressed to this part. Mr. Wilde most strenuously contends against considering deafness as dependent on tonsillitic enlargement; and probably with good reason, for it does seem almost impossible that an ordinary hypertrophy of the tonsil, however great, should extend so far upward and backward as to encroach upon the orifice of the tube. But in cases of tonsillitis, the inflammation, of course, extends to the adjacent parts—for instance, to the Eustachian tube, which is near by—and eventually tends just as effectually to produce its closure, more or less complete, by inflammatory exudation, as if the enlarged tonsil itself pressed upon it. This may satisfactorily explain the discrepancy of opinion among aurists as to the cause of "throat deafness." But the ablation of the tonsil has not unfrequently, according to the statements of reliable aurists, produced an almost immediately beneficial effect on the deafness. And why not? The hypertrophied body, three or four times its normal size, has kept up by its irritation a state of chronic inflammation of the adjacent mucous membrane, and its removal is not unnaturally followed by a favorable change in the condition of this membrane.

The uncertainty of all treatment addressed to chronic disease of the ear, and especially to disease of the Eustachian tube and cavity of the tympanum, the danger attending most of the methods of treatment recommended, even in skillful hands, must be my excuse for giving such prominence to the two cases detailed in this paper, cases possessing, *per se*, so little novelty or interest.—*American Journal of the Medical Sciences.*

2. *Influence of Mercurial Preparations upon the Secretion of Bile.*
Dr. George Scott relates the details of some experiments made on dogs, with the view of ascertaining whether the preparations

of mercury really increase the flow of bile, as has hitherto been generally believed. In these experiments the ductus communis choledochus was tied, so as to prevent any bile from reaching the intestine, and the gall-bladder was opened in order to allow all the bile secreted to escape externally. It was then collected in an apparatus constructed for the purpose, and calomel being given at different periods, the quantity of the bile secreted was carefully noticed. In the first place, however, Dr. Scott ascertained the normal amount of bile secreted by a dog's liver in twenty-four hours. The quantity amounted on an average of three days to 2752.562 grains of fluid bile each day; the average weight of the dog being seventeen pounds, and the average amount of food being 7000 grains, and of drink nineteen ounces, or 8312.5 grains of milk.

In determining the effects of calomel on the secretion of bile, Dr. Scott calculated the average amount of bile secreted in twenty-four hours two days *previously* to the administration of the drug, and then the average amount secreted in twenty-four hours two days *after* the calomel was given. The calomel was given each time after the morning's bile was collected, and therefore the effect of the medicine was upon the bile of the day following that on which it was given. The four experiments performed by Dr. Scott all gave the same rather paradoxical result—namely, that *there was a diminution in the amount of fluid bile and bile-solids secreted after the administration of large doses of calomel.*

Although Dr. Scott considers that it would be rash to venture any decided opinion from the results of four experiments, yet these all point so much to one conclusion that if they should be confirmed by future and more varied trials, they will throw considerable doubt upon the generally received opinion that calomel in large and purgative doses increase the flow of bile. It may be urged, he adds, that although calomel does not increase the secretion of bile in the dog, there is no reason why it may not do so in man; and that even if mercury does not excite the liver to increased secretion in a healthy state of the organ, it may yet do so in some of its diseased conditions. But if the first objection were true, the same could be urged against the results of experiments on the lower animals to ascertain the action of poisons or any articles of the materia medica. With regard to the second

objection, nothing analogous occurs in the action of drugs upon other organs; and it seems difficult to suppose that anything which diminishes the flow of bile in a healthy condition of the liver, should increase it in a diseased state of that organ. Whether it be the mere purgative effect of calomel which causes the diminution in the secretion of bile, or some specific action, must be decided by further experiments. It is also a matter for further inquiry, whether small and frequent doses of calomel continued for a length of time, so as to produce the specific action of mercury upon the system, may not really augment the biliary secretion.—*Beale's Archives of Medicine*, No. 3.

3. *Failure of Homœopathic Vaccination*.—Dr. R. Druitt, in a letter to the editor of the *New Orleans Med. News and Hospital Gazette*, dated August 22, says:

“SIR:—Last week I vaccinated two children, aged respectively three and one years, who were born in New Zealand, and have just arrived in this country. The point of interest is, that these children were vaccinated Homœopathically at their place of birth; which operation consisted in making them swallow some globules which were alleged to contain vaccine matter. They were afterwards inoculated with some matter said to be taken from a cow, without any effect; and the failure of this operation was assumed to be a proof that the previous swallowing of the globules had rendered them proof against any further dose of the vaccine poison.

“This theory was set at nought, however, by the fact, that my vaccination produced the most perfect vesicles; thus showing that the children were utterly unprotected from that poison, and from small-pox.

“I have thought it worth while to make this the subject of a short communication to you, to show, as a matter of fact, the worthlessness of this Homœopathic practice. On what experimental evidence such a proceeding has been adopted, I know not; but unless there is such evidence in existence (which I do not believe,) the persons who resort to it ought to be punished for fraud.

“It is worth noticing, too, that every eruption in the cow is not cow-pox; and that, as a general rule, it is safest to get the vaccine matter from a healthy child, than to resort to the dairy.”

4. *Treatment of Chorea by Cauterization.*—Dr. Hamon has treated two cases of chorea with the potential cautery; in one of them the affection had assumed a very serious form, the convulsions involving nearly the whole body, and continuing unabated even during the night. The use of sulphur baths, and the systematic administration of tartar emetic, according to the method of Gillette and Bonfils, having produced an amelioration in the condition of the patient, Dr. Hamon applied amianth, soaked in concentrated nitric acid, to the side of the dorsal and lumbar parts of the spinal column in such a manner that sixty small puntiform burns were produced at a distance of about one centimetre from each other, which healed in eight to twelve days without leaving any distinct cicatrix. On the evening of the same day the patient could already speak with greater ease, passed a comparatively quiet night, and the convulsions had lost much of their intensity. The operation was repeated twice, at intervals of several days, and effected a complete cure within three weeks, the disease having existed one month before the treatment was commenced.

In the second case, the disease presented a milder form, and affected only one side. After using sulphur baths, without any benefit whatever, the patient, a girl sixteen years of age, was subjected to the treatment by cauterization; the cautery was applied only once, at eighty different points, and as in the former case, the symptoms were decidedly ameliorated the same evening.

The pain attending the operation is said to be very slight and transient; the œdema occurring in the commencement disappears very soon, and no suppuration takes place if the application is made but superficial.—*L'Union Médicale*, No. xxx., 1859.

5. *Treatment of Tetanus by the Woorara Poison.*—M. Vella of Turin, arguing from the fact shown by M. Bernard in 1850, that the woorara poison is a direct sedative of the motor nerves, undertook a series of experiments which clearly showed the antagonism between strychnine and woorara. Being appointed to the French Military Hospital of Turin during the late campaign, and seeing several cases of tetanus which had resisted opiates, ether, etc., M. Vella resolved to try woorara. The first trials were made upon two patients who had been suffering from tetanus for four or five days respectively, in consequence of gunshot wounds. They were

both in a semi-asphyxiated and desperate state. The woorara produced a general relaxation of the muscular system, whereupon the patients felt much relief; but they both died. The same treatment was, however, employed upon a third patient, who recovered. He was a sergeant, 35 years old, tetanic from a gunshot wound of the foot. Two grains of woorara were dissolved in nine drachms of water, and compresses moistened with the solution were applied to the wound; the strength being gradually increased to fifteen grains in fourteen drachms of water. For the first four days the compresses were renewed every third hour; afterwards every fifth hour, up to the twelfth day, when the changes were reduced to three and two in the twenty-four hours. In twenty-two days the patient could leave his bed, and returned to France thirty-six days after the first application of the woorara.

6. *Influence of Sex on Children.*—That sex exercises a decided influence upon diseases and their course long before the development of puberty, is well evinced in early infancy. It is one of the important tasks of pathology to study this phenomenon more closely, to establish the facts having relation to it by accurate statistics, and to find out, as far as possible, the real cause of the same. Dr. Küttner's treatise is a valuable contribution toward the solution of this question, as his statements are founded upon the statistics of ten thousand cases treated in the Children's Hospital of Dresden, during a period of over ten years. Referring our readers for particular data to the treatise itself, we only give the conclusions which the author lays down as the result of his statistical researches. They are as follows: 1. Boys are, particularly in the first year of their life, much more liable to diseases of the digestive organs than girls; they bear therefore an improper mode of feeding less easy, and die, the relative mortality of both sexes being equal, in an absolutely greater number of diseases of this kind; 2. Nervous and cerebral diseases are, especially from the fifth year, nearly twice as frequent in boys as in girls; 3. Boys are more disposed to umbilical and inguinal hernia than girls; 4. Girls, after their third, and particularly after their fifth year, are more inclined to diseases of the respiratory organs, and die of them in greater number; 5. The same is the case in regard to diseases of the heart; 6. In acute diseases of the blood the

difference of sex does not seem to exercise any influence ; chronic anæmia, however, and scorbutic cachexia, are much more frequent in girls than in boys, especially after the eighth year of life, (in the proportion of ten to one.) Scrofula and tuberculosis are, at the beginning, nearly equal ; but from the fifth year pulmonary tuberculosis is more frequently met with in girls. Rachitis occurs in equal number in both sexes, but is often somewhat later developed in girls, and is of longer duration in them than in boys ; 7. Chronic diseases of the skin (particularly of the scalp) are, after the ninth year, more frequent in girls than in boys ; 8. The same is the case in regard to swellings of the thyroid gland.—*Journal für Kinderkrankheiten*, Nos. 1 and 2, 1859.

7. *Homœopathic Philosophy*.—The following, from the *American Homœopathic Review*, is a fair illustration of Homœopathic reasoning :

“ Medicines only in doses so small as not to be perceptible to the sight or touch, even on the healthy economy, produce decided and permanent impressions. Now let us see in what ratio the susceptibility of an organ is increased by disease, or how much more impressible it is than when in health, and then we shall have the ratio by which the dose, even of these imperceptible medicines, should be diminished in order to produce a like impression.

“ Take the first example from the external. The hand when healthy, with proper surroundings, may bear the weight of three hundred pounds upon it, without injuring a tissue or causing severe pain. But let it become diseased, let all the muscles, nerves, tissues, etc., be brought to a high state of inflammation, such as we constantly see by tumors, boils, and other local or constitutional affections, and what is the condition then ? The sensibility is so increased that the weight of a feather can not be borne, even half a grain of the softest substance is painful to the touch. This is not imaginary ; it is not the raving of a deluded fancy, but something which every one knows who has experienced these ills. What part of three hundred pounds is half a grain ? It is 13,456,000th part of it. We find, then, that these tissues, which, when in a normal condition will bear a certain impression, when they are excited by inflammation will only bear 13,456,000th

of that impression. This brings us unavoidably to the logical deduction, that where in health one grain of medicine has only a moderate action, when diseased the 13,456,000th of a grain will produce even a painful sensation."

The therapeutic application of this logic would be as follows : If in health the bowels would be freely evacuated by ten grains of the extract of colocynth, then when constipated—being, as above, more irrepressible by disease—they would be moved by the one-millionth of a grain : if three grains of opium would in health produce sleep, then when the brain is more impressible—as in nervous irritation, delirium, tetanus, hydrophobia, etc.—the decillionth of a grain should make an equal impression.—*Med. and Surg. Reporter.*

SURGICAL.

8. *A Case of Hæmoptysis—Entrance of Air into the Veins and Discharge of Air by a Venesection.* By M. Piédagnel, Physician to the Hôtel-Dieu, Paris. *L'Union Médicale*, 1859, No. 45.—A gentleman, aged forty-two, of vigorous constitution and strong muscular development, had been affected for four years with a spinal disease, which, however, disappeared under treatment. For two months before coming under treatment he had influenza, with much cough, and occasional violent efforts at expectoration. On the 18th of February, 1858, while coughing, he suddenly fell down insensible, and discharged a considerable quantity of blood. The hæmorrhage ceased, but consciousness did not return. When seen by M. Piédagnel he was lying on his back, perfectly insensible, face pale, eyes immovable, pupils the same, but distended ; hearing gone ; no movement or sensibility. The whole skin pale, and insensible to stimulants. Respiration noisy, but not resembling that of cerebral congestion, being active in inspiration, and at the end of expiration as in very feeble children. There was a slight râle on the right, but a strong and very moist one to the left ; the percussion was less clear on the left, but no dullness either before or behind. Percussion of the cardiac region only causes a doubtful dullness ; on auscultation a dull, but tumultuous sound of the heart-beats was heard. The radial arteries were imperceptible ; all the subcutaneous veins were empty. The diagnosis was doubtful : it could not be apoplexy ; it might be laceration of the veins or rupture of the heart.

A variety of stimulants were applied ; after about half an hour there were symptoms of returning animation ; the cutaneous circulation reappeared. A venesection being proposed by M. Vivier, was performed on the median-basilic vein. A little blood dribbled out ; to the great surprise of the bystanders bubbles of air were then seen to issue from the opening in the vein, at first one, then several, passing out so as to form a sort of wreath on the skin, between the opening in the vein and the lower part of the forearm. On the blood and the air ceasing to flow, some light frictions along the course of the vein caused a new issue of air-bubbles, two, four, eight, issued successively, then the flow stopped ; the frictions were repeated several times ; all precautions were taken to avoid error, and each time the same result ensued. At last blood and air ceased to appear ; the patient did not improve, and death took place soon after. No autopsy was allowed. But the physicians were of opinion that a rupture of the lung had taken place, causing an entrance of air into the blood-vessels.—*British and Foreign Medico-Chirurgical Review*, 1859.

9. *Fissure of the Anus*.—One of the most painful affections situated in the neighborhood of the anus, is the fissure along side of the sphincter. When examined, scarcely any lesion is to be detected ; but on rendering the structures tense, a very small slit with reddened margins may be observed, and from which there may be a little secretion. This apparently trifling malady occasionally causes the most intense agony. Latterly, several examples have come under Mr. Hancock's care at the Charing-cross Hospital, which have been effectually cured by the division of a few of the muscular fibres of the sphincter at the situation of the fissure. It is unnecessary to divide the entire sphincter in the treatment of this affection, and it is now seldom resorted to. On the 2nd inst. this operation was repeated by Mr. Hancock, on a woman twenty-seven years of age, whose sufferings have been very great for nearly twelve months, from the presence of a fissure of the kind mentioned. On passing her motions, the sensation was compared to that of a knife running through her. When we saw her on the 7th, five days after the operation, she expressed herself as completely relieved ; all pain had gone, her health had generally improved, and she was beginning to assume a cheerful

aspect. Patients with a fissure of the anus have a careworn and anxious expression of countenance, more so than is observed in fistula of the bowel; but it quickly disappears when surgical relief has been obtained.—*London Lancet*.

10. *Sulphuric Ether as an Anæsthetic: its first use in Massachusetts General Hospital*.—Our readers are all familiar with the particulars of the introduction of anæsthetic agents into use, but the following pleasant account of the first use of ether in the Massachusetts General Hospital, will be read with interest. It is taken from an article by Prof. George Hayward, contributed to the last number of the *British and Foreign Medico-Chir. Review*.

“It was my fortune to perform the first capital operation on a patient rendered insensible by the inhalation of sulphuric ether. This was done on November 7th, 1846, at the Massachusetts General Hospital, Boston. On September 30th preceding, Dr. Morton, a dentist, administered it to a man from whom he had extracted a tooth, without causing pain. Almost immediately after, he requested the late Dr. John C. Warren, who was at that time the acting surgeon at the hospital, to use it at that institution. Dr. Warren consented. It was inhaled by a patient, with partial success, on whom Dr. Warren operated on October 16th. The operation was the removal of a nævus from the face. On the day following I extirpated a large fatty tumor from the arm of a female, who was made wholly unconscious and insensible by the inhalation of the ether. The operation lasted seven minutes.

“At that time Dr. Morton was, I thought, the only person who knew what the anæsthetic agent was. On November 1st I took charge of the surgical department of the hospital, and in a day or two after Dr. Morton asked me if I were willing to allow him to administer his ‘composition,’ as he called it, to a female whose limb I was about to remove above the knee. I told him I would not, unless I knew what the article was, and felt confident of the entire safety of its administration. He at once told me that it was rectified sulphuric ether. He allowed me to communicate this to my colleagues, with an understanding that it should not be made known publicly, until he had obtained a patent, for which he had already applied. On the following day the operation was performed, in the presence of more than two hundred spectators.

“ It rarely falls to the lot of a professional man to be the witness of a scene of more intense interest. The operating room was crowded. Many were obliged to stand. Besides the class of students in attendance on the lectures, numbering more than a hundred, and many of the principal physicians and surgeons of the city and neighborhood, there were present several clergymen, lawyers, and other individuals from the various callings of life. When I entered the theatre, before the patient was brought in, I found it, to my surprise, filled in every part, except the floor on which the table stood, with persons on whose countenances were depicted the almost painful anxiety with which they awaited the result of the experiment they were about to witness. I simply told them that I had decided, with the advice of my colleagues, to allow the patient, on whom I was to operate, to inhale an article which was said to have the power of annulling pain. The patient was then brought in. She was a delicate-looking girl of about twenty years of age, who had suffered a long time from a scrofulous disease of the knee joint. It had at length suppurated; there were extensive openings into the cavity of the joint; the cartilages were ulcerated and partly absorbed; the bones carious, and symptoms of hectic fever had already made their appearance. As soon as she was well arranged on the table, I told her that I should let her breathe something which, I hoped, would prevent her from suffering much from the operation, and that she need not be afraid of breathing it freely.

“ As the ether was at the time administered by means of a large and clumsy instrument, which required to some extent the co-operation of the patient, it was desirable that the amputation should be done as rapidly as possible. Everything, therefore, was arranged with this view. I decided to perform the flap operation. One person was to compress the artery, another to withdraw the flaps, a third to hand the instruments, and a fourth to watch the pulse. I grasped the patient's limb with my left hand, and held the amputating knife behind me in my right, carefully concealed from her view. The mouthpiece of the inhaling instrument was then put into her mouth, and she was directed to take long inspirations. After breathing in this way a short time, the nostrils were compressed, so that all the air that went into the lungs must first pass through the machine, and of course be mixed

with the vapor of the ether. She breathed with perfect ease and without struggling, and in about three minutes from the time the instrument was put into her mouth, Dr. Morton said, 'She is ready.' A death-like silence reigned in the room; no one moved or hardly breathed. I passed the knife directly through the limb, and brought it out as rapidly as I could, and made the upper flap. The patient gave no sign of feeling or consciousness, but looked like one in a deep, quiet sleep. Every other person in the room took a full inspiration that was distinctly audible, and seemed to feel that they could now breathe again. The second flap was then made, the bone sawed, five arteries were tied, and as I was tightening the ligature upon the sixth and last, she groaned, being the first indication of sensibility that had been given. Nothing more was done than to bring the flaps together, cover the stump with cloths dipped in cold water, and apply two or three turns of a roller to keep them in place. Her consciousness soon returned; she was wholly ignorant that the operation had been done. For some time she would not believe it, and said that she had felt nothing till I tied the last artery. The operation lasted a minute and three-quarters, not including the time required to tie the arteries. I did it rapidly, though it has been done in less time, because I feared that the insensibility might pass off, and we had no means then, as we have now, of continuing it as long as is necessary.

"Patients who have inhaled ether, when its effects are at first passing off, are usually bewildered, not easily contented, and by no means inclined to do as they are desired. It would be almost impossible to persuade one of them at such a time to breathe through the instrument that was then in use. At present, fortunately, we can keep up the state of anæsthesia as long as we wish, by administering the agent employed for this purpose by means of a sponge. This simple contrivance was first used at the Massachusetts Hospital.

"The patient, whose case I have just spoken of, recovered rapidly from the operation, was in good health when I left home eleven years after, and I have no reason to suppose that she is not so at the present time.

"It will be readily believed that a result so successful, and witnessed by so many intelligent persons, made it impossible to doubt

the anæsthetic power of the agent employed, and what this was very soon became known. In an almost incredibly short space of time, numerous operations were performed on persons rendered insensible by the inhalation of ether in various parts of the United States and Europe, and there is hardly a country in Christendom in which it has not been thus used to a greater or less extent.

OBSTETRICAL.

11. *Placenta Prævia Succenturiata*.—A woman, aged twenty-three, said to be pregnant for the first time, was admitted into the Lying-in Hospital of Gottingen, on June 4th, 1858. Whilst engaged in field-labor she had been suddenly seized with a profuse flooding, attended with weak labor pains. Forty-five minutes after this flooding she was in the hospital. The os uteri was partially dilated. Auscultation revealed the sounds of the foetal heart. The child was born alive by means of the natural efforts. The after-birth was removed without difficulty in ten minutes. The placenta consisted of two perfectly distinct parts, the cotyledons being planted in two points of the superficies of the chorion, separated by a space of free chorion between. There was no connexion between the two portions of placenta. The funis was inserted into the edge of the larger oval-shaped portion of placenta; whilst distinct vessels proceeded from the root of the cord to the placenta succenturiata. Without doubt this accessory cotyledon had lain over the os uteri, and had given rise to the hæmorrhage.—*Dr. Küneke.*

12. *Uterine Hæmorrhage treated by Ruta and Sabina*.—Professor Beau attributes to ruta as much of the special relation to the uterus as there exists between digitalis and the heart, nux vomica and the cerebro-spinal system, cantharides and the bladder, and between belladonna and the muscular system. In this specific action upon the womb ruta is allied to sabina and ergot; the latter, however, Professor Beau does not consider as reliable in its effect as the two former medicines, particularly if they are given combined with each other; in cases, therefore, where the indication is perfectly plain, and urges to active interference, he does not lose time by experimenting with the unreliable ergot, but prescribes at once the following combination: *R*—Pulv. rutæ,

gr. iij. ; Pulv. sabinæ, gr. j. ; Syr., q. s. ; ut fiat pilulæ, dt. tal. doses, No. vi. S. one pill every morning and evening.

Under this medication the hæmorrhage immediately decreases, and soon stops entirely. The recommended mode of treatment is particularly indicated when the hæmorrhage is caused by remaining parts of the placenta or fœtus, or when it is owing to an atonic condition of the uterus, the principal object of treatment being then to excite energetic contractions of the uterus. If there are symptoms of chlorosis, Dr. Beau prescribes, after the cessation of the hæmorrhage, iron in combination with small doses of ruta.—*Union Médicale*, No. 7, 1859.

13. *Nausea and Vomiting during Pregnancy*.—In an article on this subject in the September No. of the *Boston Med. & Surg. Journal*, Dr. Warren, after speaking of the modern recommendation of applications of tinct. of iodine to the os uteri in cases attended with inflammation of the mouth and neck of the womb, objects to the use of iodine, as the complaints of the patient “of a metallic taste of the iodine in the mouth, show it to be about as great an annoyance as the sickness we endeavor to remedy by its use.” Slight pencillings with nitrate of silver is regarded as equally efficacious, without liability to the same objection.

In cases attended with much neuralgic pain and excessive leucorrhœal secretion Dr. Warren strongly recommends the following: R—Tinct. benzonii, 3 ij. ; chloric ether, 3 j. ; acet. morphia, grs. ij. M. It should be painted upon the os and cervix once in three or four days. Dr. W. remarks that he has also used with benefit injections of ferri alumenis, 3 j. ; inf. opii, 3 j. ; aqua dist. 3 viij. M. He substitutes iodide of zinc for the alum—five grains to the ounce, when there is a degree of spasmodic action in this organ or in the neck of the bladder.

14. *Uva Ursi in Lingering Labor*.—The Editor of the *Nashville Journal of Med. and Surgery for Sept.* states that “M. Gauchet has found a substitute for ergot, by which the dangers to the fœtus may be avoided. He has tried it in at least one remarkable case, a patient of forty years, in her fourth labor, and found it successful. Taking half an ounce of the beans of *Uva Ursi*, he infused them in a quart of water, and gave a teaspoonful of the infusion every half hour. After three doses the contractions, which had ceased, became vigorous—in three hours a living child was born.”

BOOKS, PAMPHLETS, AND EXCHANGES RECEIVED.

Paget's Surgical Pathology.—A new edition is received from the publishers, Messrs. Blanchard & Lea.

Ancient Marriages of Consanguinity. By Isaac Casselberry, M.D., of Evansville, Indiana.—A reprint from the *Nashville Journal of Medicine and Surgery*.

Description of a Deformed Fragmentary Human Skull, found in an ancient quarry-cave, at Jerusalem; with an attempt to determine by its configuration alone the ethnical type to which it belongs. By J. Aitken Meigs, M.D. Being a reprint from the proceedings of the Academy of Sciences of Philadelphia.

The Ladies' Repository.—Edited by D. W. Clark, D.D., and published monthly by the Methodist Book Concern, Cincinnati, at \$2 per year. High-toned, scholar-like, and pure.

Godey's Lady's Book.—Published monthly in Philadelphia by L. A. Godey, at \$3 per year; two copies, \$5; three copies, \$6. It contains a large amount of engravings, illustrations, designs for ladies' work, model cottages, etc., etc., etc. It undoubtedly leads far ahead in this sort of periodical literature. The best way to get it is to club for it with this journal.

The Templar's Magazine—is the oldest temperance magazine in this country. Edited and published by J. Wadsworth, Cincinnati, Ohio, at \$1 per year.

To various religious and secular newspapers, which reach our office during the year, and which from time to time have kindly noticed us and commended us to their readers, we desire to express our thanks. We are glad to exchange, and read them—when we can.

A variety of other secular papers and periodicals, however, reach us—some of them regularly—some semi-occasionally—which, after the style and scope of the *New York Mentor* (should be *Tor-mentor*), are devoted largely and by indirection to the propagation of quackery; for all such we have no use—we prefer “Gaiety.”

Still another group of publications—weekly newspapers and the like—of no earthly account to any body, reach us, from time to time, and coolly propose to favor us with an exchange, if we will do some ten to thirty dollars' worth of advertising in the shape of publishing a long prospectus, premiums, etc., etc.

